

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John William Albough

Town

County

Died at

Unionville

Frederick

MARYLAND

Date

of death 1906

Month

Nov 6

Day

13

Age

Years

75

Months

3

Days

5

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Retired farmer

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emma Morningstar

Father's
Name

Andrew Albough

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Smith

Mother's
Birthplace

Md

Name of person giving
information

Thomas B. Albough

How related
to deceased

Son

CAUSES OF DEATH

Primary

Nephritis & bad Cystitis

How long

Year

Immediate

Heart failure

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

Yes -

Signature of
Physician

Thos. P. Sappington

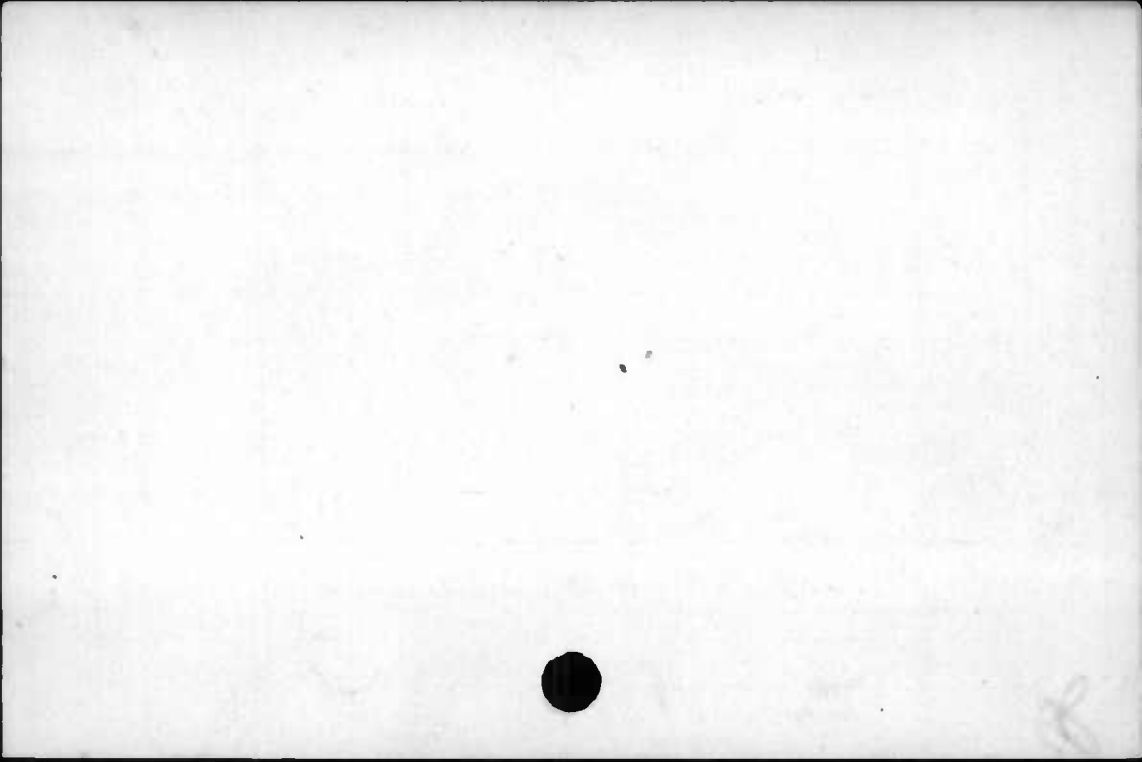
Address

Unionville

Maryland.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Catharine D Baumgardner

CERTIFICATE OF DEATH

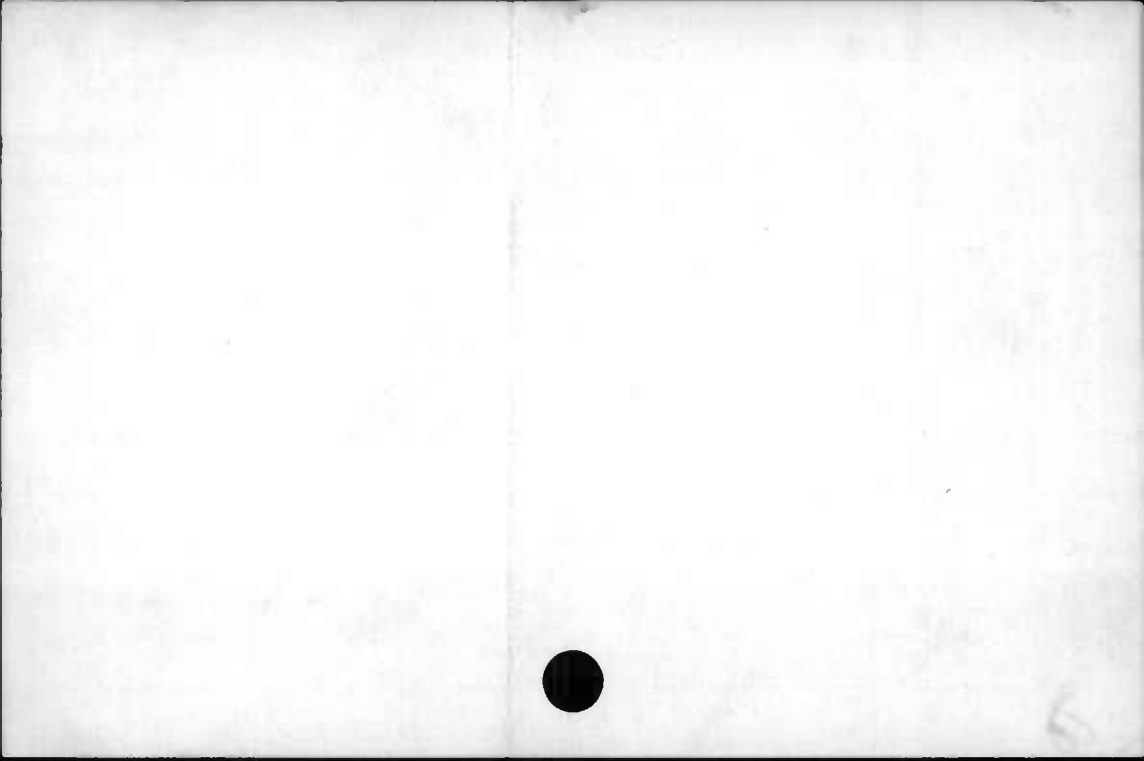
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West faces</i>		County <i>Fredensck</i>		MARYLAND	
Date of death	1906	Month	Nov	Day	6
Age		50 yrs		Months	5
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>House Wife</i>		Birth-place	<i>Near Unionville</i>	
Where Residing if not at place of death			<i>At Place of Death</i>		
Married, Single or Widowed	Name of Wife or Husband		<i>Oscar Baumgardner</i>		
Father's Name	<i>Washington P Duvall</i>		Father's Birthplace	<i>Montgomery Co</i>	
Mother's Maiden Name	<i>Hannah Green</i>		Mother's Birthplace	<i>Montgomery County</i>	
Name of person giving Information	<i>Oscar Baumgardner</i>		How related to deceased	<i>Hard Land</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid - Pneumonia</i>	How long	<i>Eighteen days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>YES</i>	Signature of Physician	<i>A. T. Prout</i>
		Address	<i>Mt Airy, Md</i>
Accident or Suicide?			



Name in Full *Louis Victor Baughman.*

CERTIFICATE OF DEATH

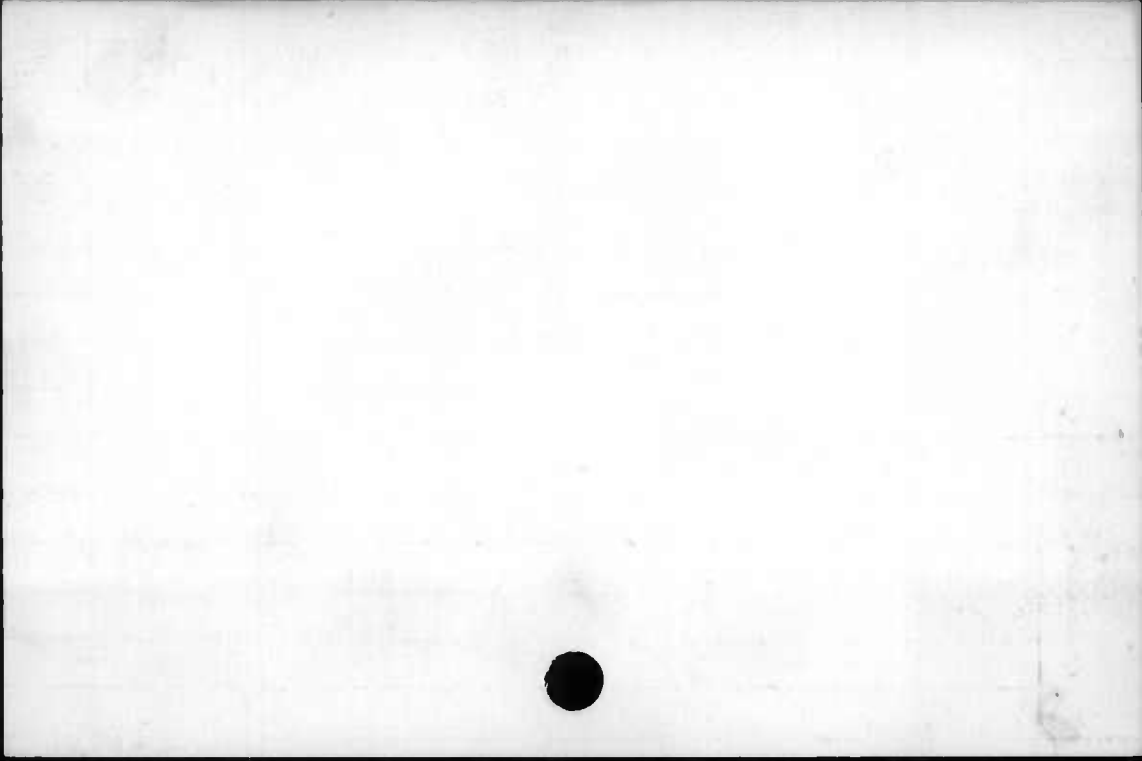
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Indiana</i>		Town <i>Indiana</i>		County		MARYLAND	
Date of death	1906	Month	Nov.	Day	30	Age	68
Sex	Male		Color or Race	White.		Birthplace	Indiana, Ind.
Occupation	Editor.			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Helen North.			
Father's Name	J. W. Baughman					Father's Birthplace	Indiana, Ind.
Mother's Maiden Name	Mary Jane Garrison					Mother's Birthplace	Indiana, Ind.
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Murder</i>	How long	<i>Three or four years</i>
Immediate	<i>Heart Failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. B. Johnson</i>
		Address	<i>Indiana, Ind.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

John Henry Blank

Town

County

MARYLAND

Died at *Shook's Town*

Fredk

Date
of death *1906*

Month

11

Day

24

Age

Years

76

Months

2

Days

5

Sex *Male*

Color or
Race

White

Birth-
place

Fr Leo Mod

Occupation

Farmer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Harriet V. Hargett

Father's
Name

John H. Blank

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Cross

Mother's
Birthplace

Fr. L. Mod

Name of person giving
Information

Mrs. Blank

How related
to deceased

Widow

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

2 years

Immediate

Chronic Poisoning

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

*Frank H. Hager
Frederick*

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

Ephraim L. Boblitz

Town

County

MARYLAND

Died at *Indenut City*Date
of death *1906*Month
*11*Day
28

Age

Years
*63*Months
*9 mos*Days
23-

Sex

*Male*Color or
Race*White*Birth
place*Thurmont*

Occupation

*School Exr*Where Residing if not
at place of death*x*Married, ~~Single~~
or ~~Widowed~~*Married*Name of Wife or
Husband*Mrs.**Boblitz*Father's
Name*E. L. Boblitz*Father's
Birthplace*Es*Mother's
Maiden Name*Caroline Germania*Mother's
Birthplace*Es*Name of person giving
information*Mr. Lucy Boblitz*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

Organic Heart Disease

How long

1 year

Immediate

Paralysis of Heart

How long

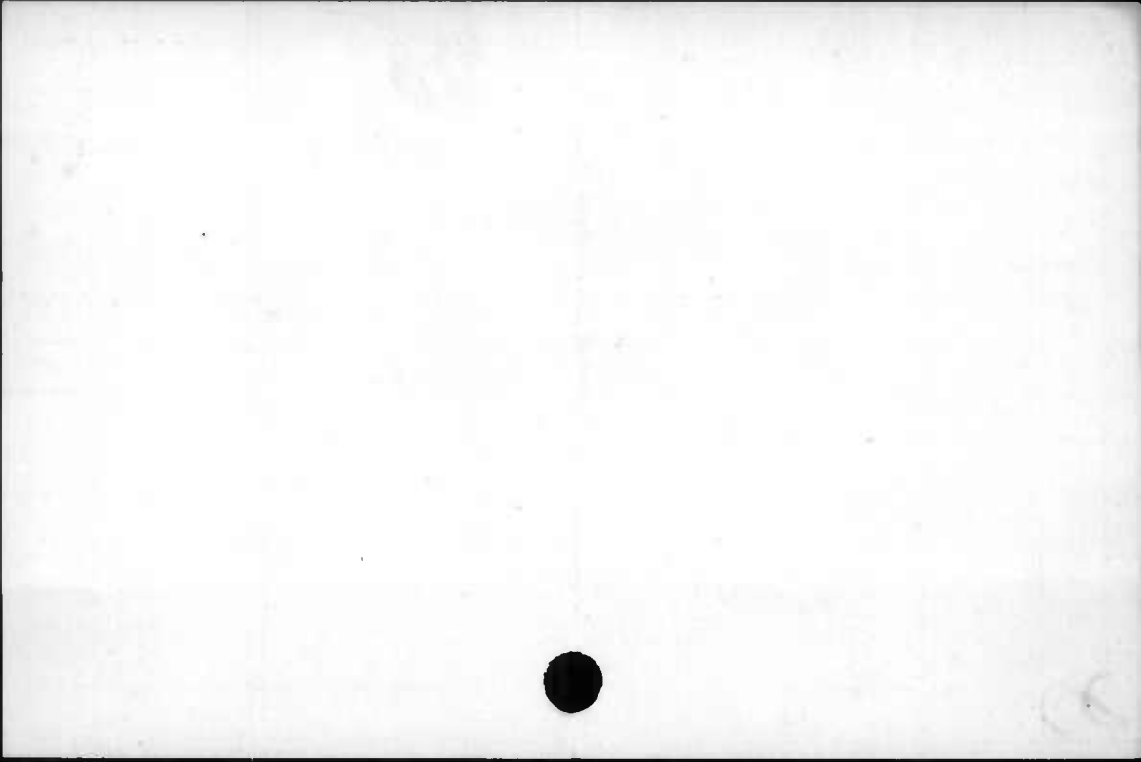
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Franklin Balloua Smith*

Address

*Indenut**Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hopland</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>23</i>	Age <i>80</i>	Years —
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>near Hopland</i>		
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Chas Turner</i>			How related to deceased <i>Grandson</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>End</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes as possible</i>	Signature of Physician <i>Underlock Geo W Pless</i>
	Address <i>Dickerson md</i>
Accident or Suicide?	<i>R & D Route #22</i>



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

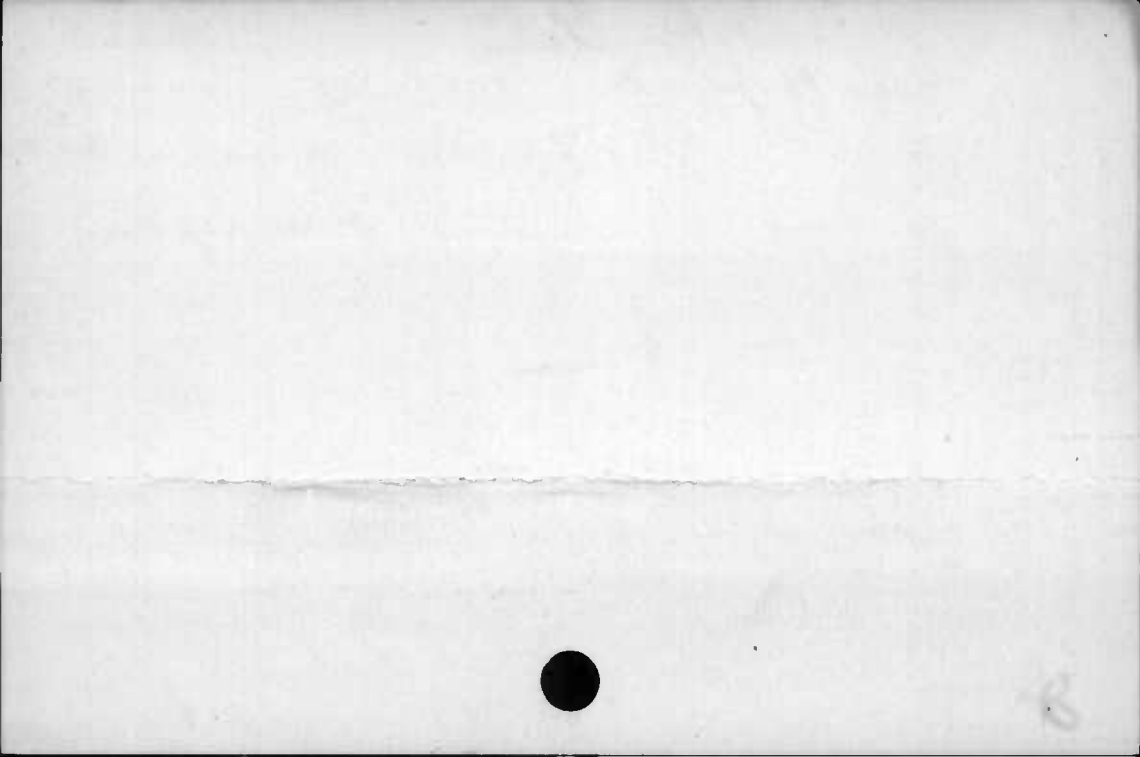
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Catherine Butcher</i>		Town <i>Ellerton</i>		County <i>Bedford</i>	
Died at <i>Ellerton</i>					
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>4</i>	Age <i>56</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Not known</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Ellerton</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Not known</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Not known</i>				
Name of person giving information <i>Frank Bittle</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Lesion of Heart</i>	How long <i>2 yrs.</i>
Immediate <i>Septicemia - Due to Ulcers of Leg</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ralph Browning</i>
	Address <i>Myersville, Md.</i>
Accident or Suicide? <i>2</i>	



Name
in
Full

Infant Child of O. J. Beckley -

CERTIFICATE OF DEATH

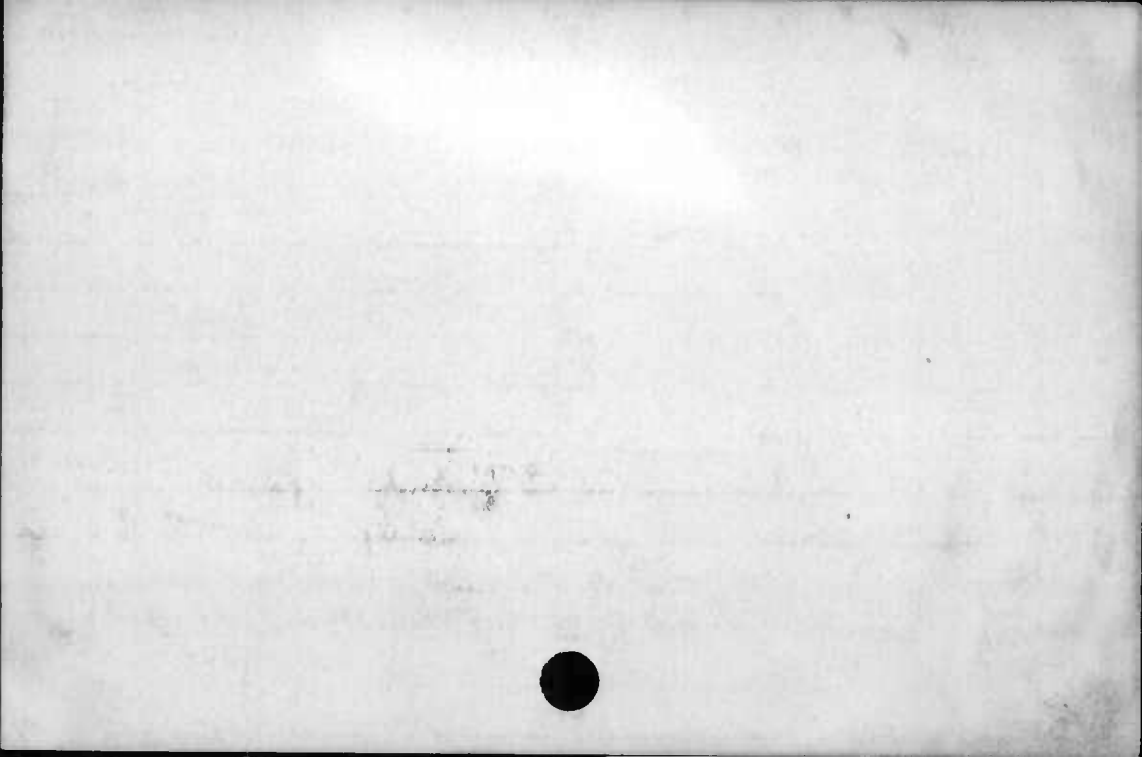
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Middletown</i>		Town <i>Middletown</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906 Nov</i>		Month <i>Nov</i>		Day <i>7</i>		Years <i>00</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Middletown Md</i>		Months <i>00</i>	
Occupation <i>None</i>		Where Residing if not at place of death		Days <i>00</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Oliver J. Beckley</i>		Mother's Birthplace <i>Middletown Md</i>					
Mother's Maiden Name <i>Georgetta M. Bayser</i>		Mother's Birthplace <i>Frederick Md</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Still born</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. L. Beckley</i>
	Address <i>Middletown Md</i>
Accident or Suicide?	



Name
in
Full

Mary Miline Colclifflorn

CERTIFICATE OF DEATH

Died at Graceham

Town

Frederick

County

MARYLAND

Date

of death 1906

Month

Nov

Day

12

Age

Years

73

Months

9

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Graceham Frederick Co

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of
Husband

Barney Colclifflorn

Father's
Name

John Jacob Germond

Father's
Birthplace

Graceham Md

Mother's
Maiden Name

Sabilla Millhide

Mother's
Birthplace

Graceham Md

Name of person giving
Information

John J. Colclifflorn

How related
to deceased

Brother in Law

CAUSES OF DEATH

Primary

Hemiplegia -

How long

8 years

Immediate

Recurrent Hemiplegia

How long

2 1/2 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. C. Kefauver

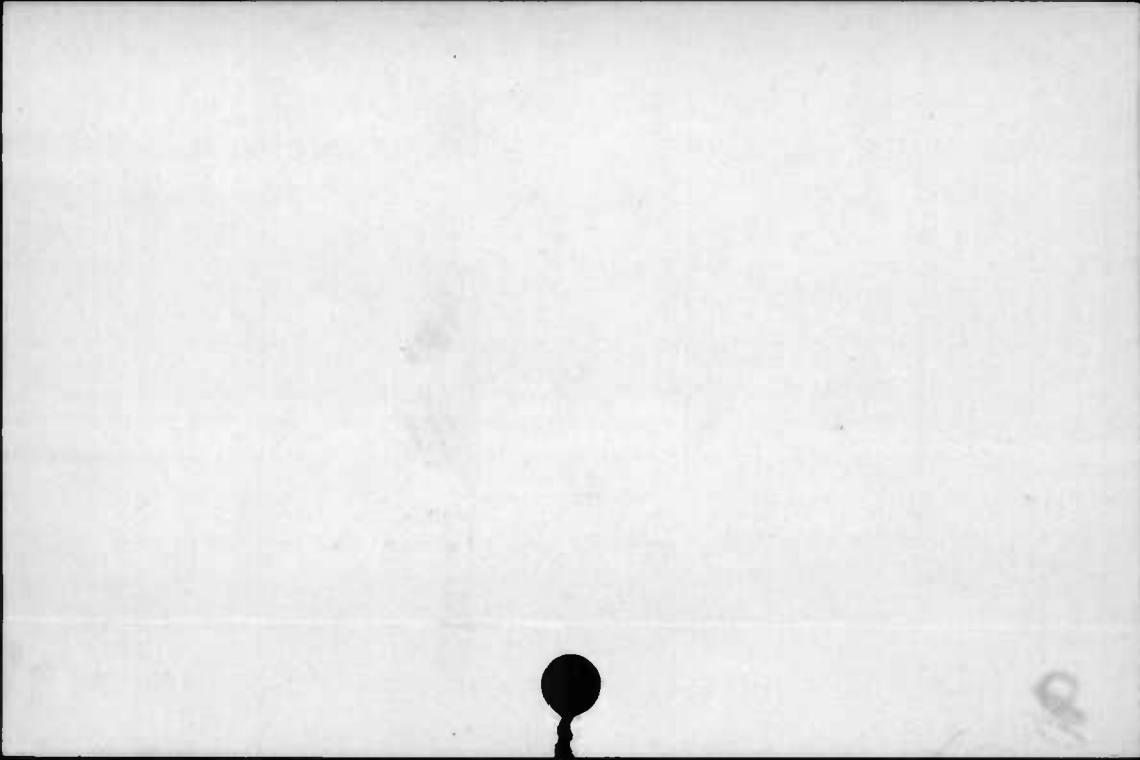
Address

Shumount, Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary C. Corall

No. 25

MARYLAND

Died at *Garnville* Town*Frederick* CountyDate
of death *1906*Month *11*Day *13*Age *75* YearsMonths *3*Days *26*Sex *Female*Color or
Race *White*Birth-
place *Frederick Co.*Occupation *Housewife*Where Residing if not
at place of death *Near Garnville*Married, Single
or Widowed *Married*Name of Wife or
Husband *John Corall*Father's
Name *John Barnes*Father's
Birthplace *Frederick Co.*Mother's
Maiden Name *Annie Cain*Mother's
Birthplace *" "*Name of person giving
information *Mrs. Shuto*How related
to deceased *Daughter*

CAUSES OF DEATH

Primary

Pneumonia

How long

Three days

Immediate

Toxemia

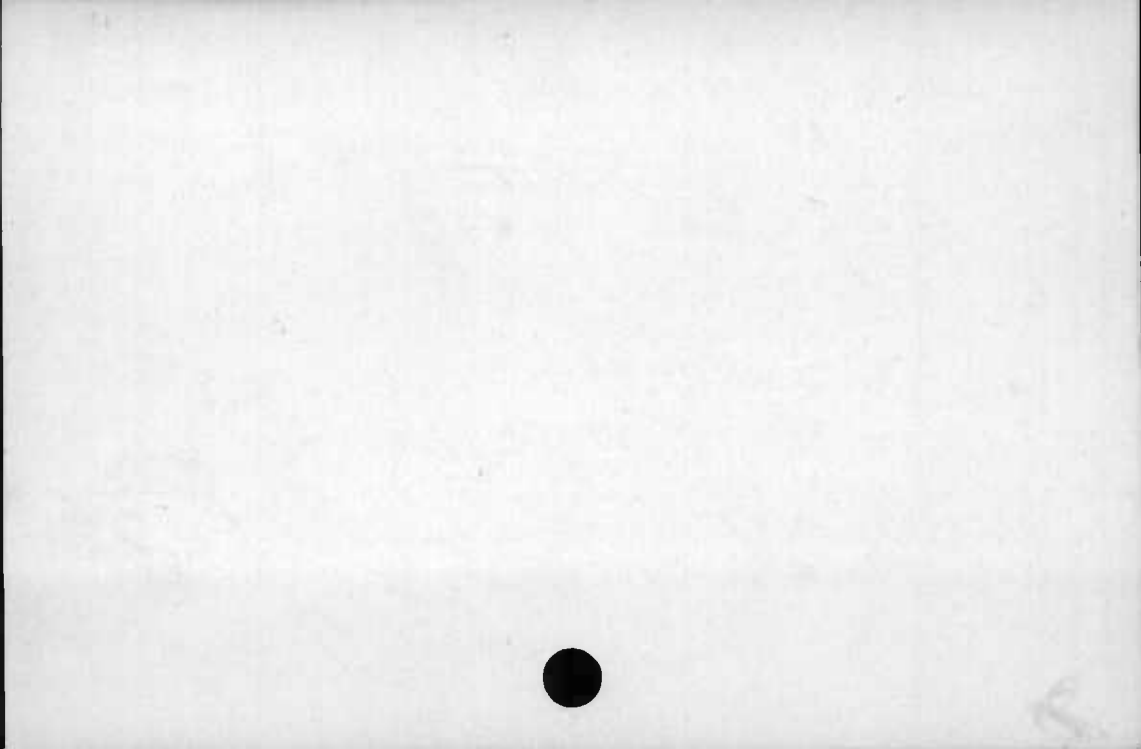
How long

*" "*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

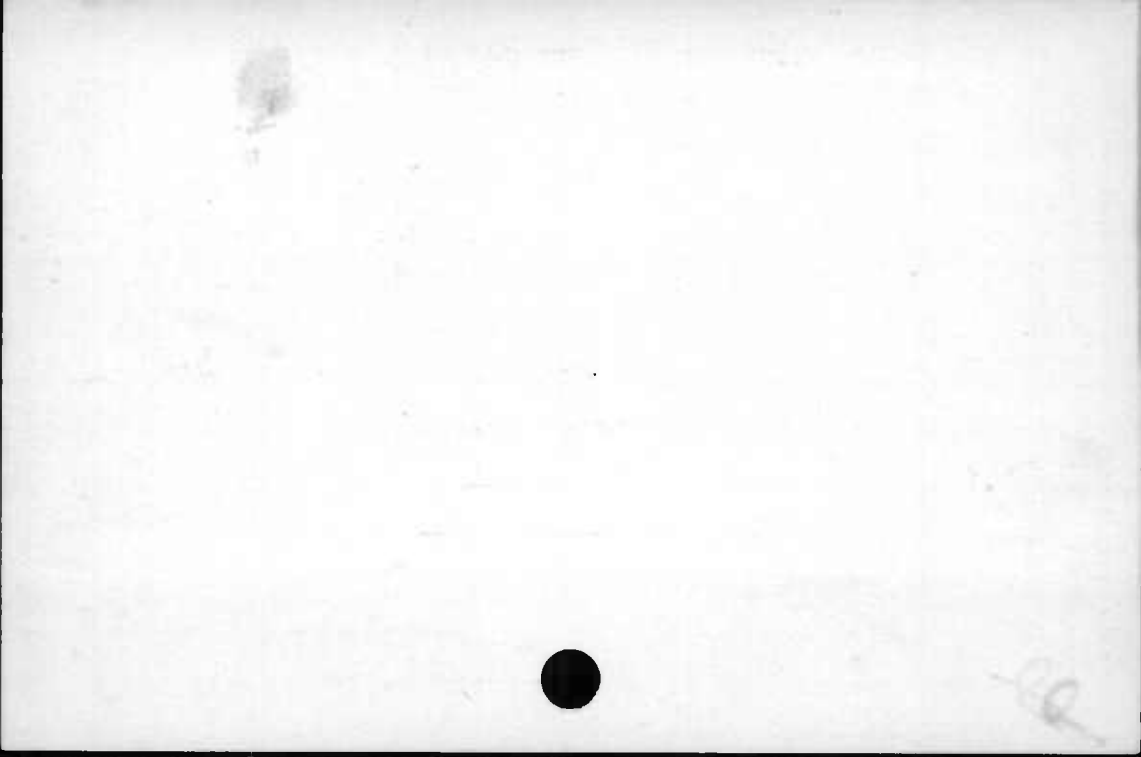
Address

*B. T. Thomas M.D.**New Market,
Md.*

Accident or Suicide?



Name in Full		George G. Cox						CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Punithsburg		Frederick		MARYLAND					
	Date of death		1906	Month	Nov	Day	5th	Age	86	Months	4	Days
	Sex		Male		Color or Race		White		Birth-place			
	Occupation		Gentleman		Where Residing if not at place of death		=					
	Married, Single or Widowed		Single		Name of Wife or Husband		=					
	Father's Name		Mr Cox		Father's Birthplace		Washington D.C.					
	Mother's Maiden Name		Mary Dawson		Mother's Birthplace		Baltimore Md					
	Name of person giving information		Thos R Moore		How related to deceased		Cousin					
<div style="text-align: center;">CAUSES OF DEATH</div>												
PHYSICIAN OR CORONER	Primary		Stroke				How long		6 days			
	Immediate		Paralysis Brain				How long		2 days			
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Thos B. Brown MD			
							Address		Punithsburg			
Accident or Suicide?												



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McKays</i> <small>Town</small> <i>Frederick Co</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small> <i>Nov</i> <small>Day</small> <i>7th</i> <small>Age</small> <i>59</i> <small>Years</small> <i>2</i> <small>Months</small> <i>2</i> <small>Days</small>		
Sex	<i>male</i>	Color or Race	<i>White</i>
Occupation	<i>Labour</i>	Birth-place	<i>md</i>
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Elizabeth Crummitt</i>
Father's Name	<i>Jonathan Crummitt</i>	Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Eliza. Know</i>	Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Elizabeth Crummitt</i>	How related to deceased	<i>wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Don't know</i>
Immediate	<i>Cause Don't know</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Frank Hedges</i>
		Address	<i>Frederick md.</i>
Accident or Suicide?			

Nov
9/02
Schneider

Name in Full		Martha Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Lewistown		Franklin County		MARYLAND
	Date of death	1906	Month	11	Day	8	Age
					Years		75
					Months		-
					Days		-
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation		Housewife		Where Residing If not at place of death		Same
Married, Single or Widowed	Widowed		Name of Wife or Husband	James N Davis			
Father's Name	Carnel					Father's Birthplace	Thurmont
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Annie Wolf					How related to deceased	Niece
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Paralytic				How long	Four years
	Immediate					How long	Eight days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	E. S. Nighttown	
					Address	Lewistown Md.	
Accident or Suicide?							

Mr. Miller.

Laboring Sons

Name
in
Full

CERTIFICATE OF DEATH

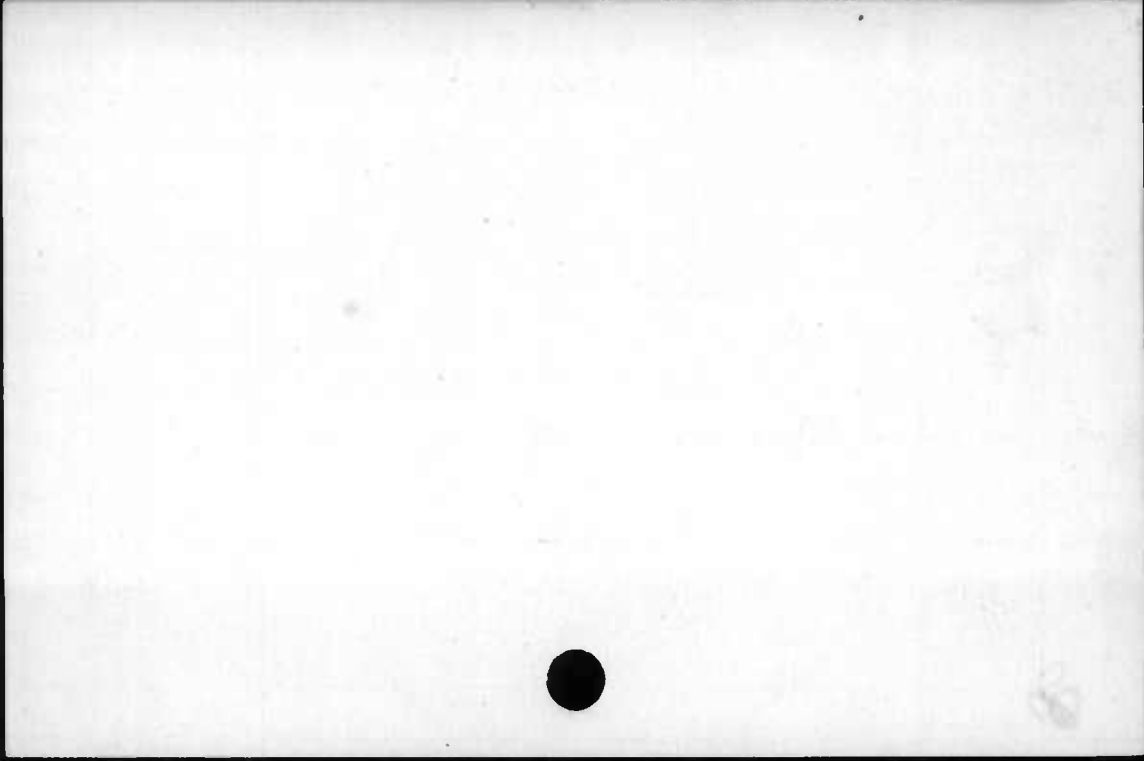
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Virginia DeGrange</i>		Town <i>Friederick</i>		County <i>Friederick</i>		MARYLAND	
Died at		Month <i>Nov.</i>		Day <i>18</i>		Age <i>50</i>	
Date of death <i>1906</i>		Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Indianapolis Ind</i>			
Occupation <i>h.w.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Widow Husband <i>Daniel W F DeGrange</i>					
Father's Name <i>Jacob Williamson</i>		Father's Birthplace <i>Ind C. Ind</i>					
Mother's Maiden Name <i>Eliza McQuilken</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mrs Sarah DeGrange</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Double Pneumonia</i>	How long	<i>Two weeks</i>
Immediate	<i>Paralysis of respiration</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. O. Neudix, M.D.</i>	
		Address <i>Friederick, Md.</i>	
Accident or Suicide?			



Name
in
Full

Leila Dillard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Bucksville ^{County} Frederick

Date of death 1906 Month 11 Day 12 Age 32 Months Days

Sex Female Color or Race White Birthplace Maryland

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Frank Dillard

Father's Name Grove House Father's Birthplace Maryland

Mother's Maiden Name Melissa Dillard Mother's Birthplace Virginia

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary Gall Stones How long 5 yrs

Immediate Exhaustion How long Immediate

Are the name, age, sex, color, date and place correctly given above? ye

Signature of Physician George Younkers

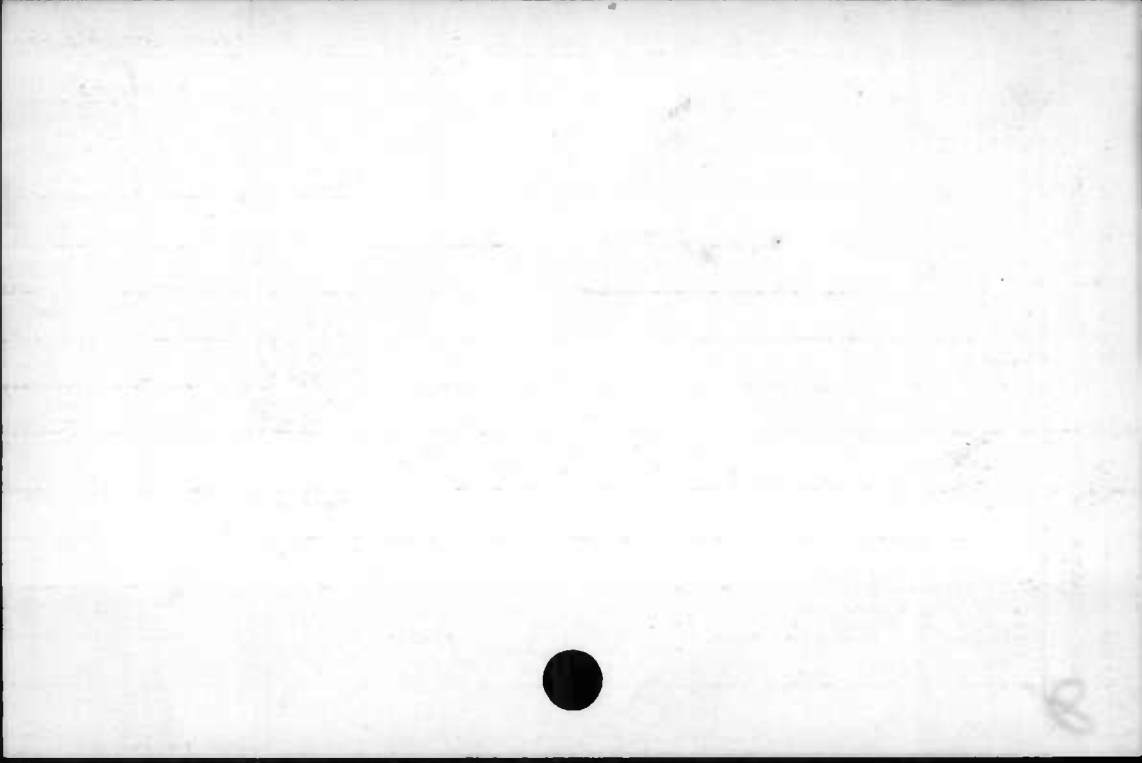
Address Bucksville Md

Accident or Suicide?



B

Name in Full		Julia. Donovan				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Brunswick		Frederick			
Date of death		1906	Month	Day	Years	Months	Days
			10	4	13	10	15
Sex		Female		Color or Race		white	
Occupation		none		Where Residing if not at place of death		Birth-place	
						md	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Felix Donovan				Father's Birthplace	
						md	
Mother's Maiden Name		Priscy Deck				Mother's Birthplace	
						md	
Name of person giving information		Priscy Donovan				How related to deceased	
						mother	
CAUSES OF DEATH							
Primary		Diphtheria				How long	
						12	
Immediate		Cardiac Paralysis				How long	
						3 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. G. Horner	
				Address		Brunswick	
						md	
Accident or Suicide?		no					



Name
in
Full

Ann R. Dutrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Middletown ^{County} Frederick MARYLAND

Date of death 1906 ^{Month} Nov ^{Day} 17 Age ^{Years} 81 ^{Months} 7 ^{Days} 11

Sex Female Color or Race White - Birthplace Md.

Occupation Housewife Where Residing if not at place of death

~~Married, Single or Widowed~~ Widow Name of ~~Wife or~~ Husband John C. Dutrow

Father's Name Reuben Coste Father's Birthplace Md

Mother's Maiden Name Anselia Ware Mother's Birthplace Pa

Name of person giving information Marshall Steele How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

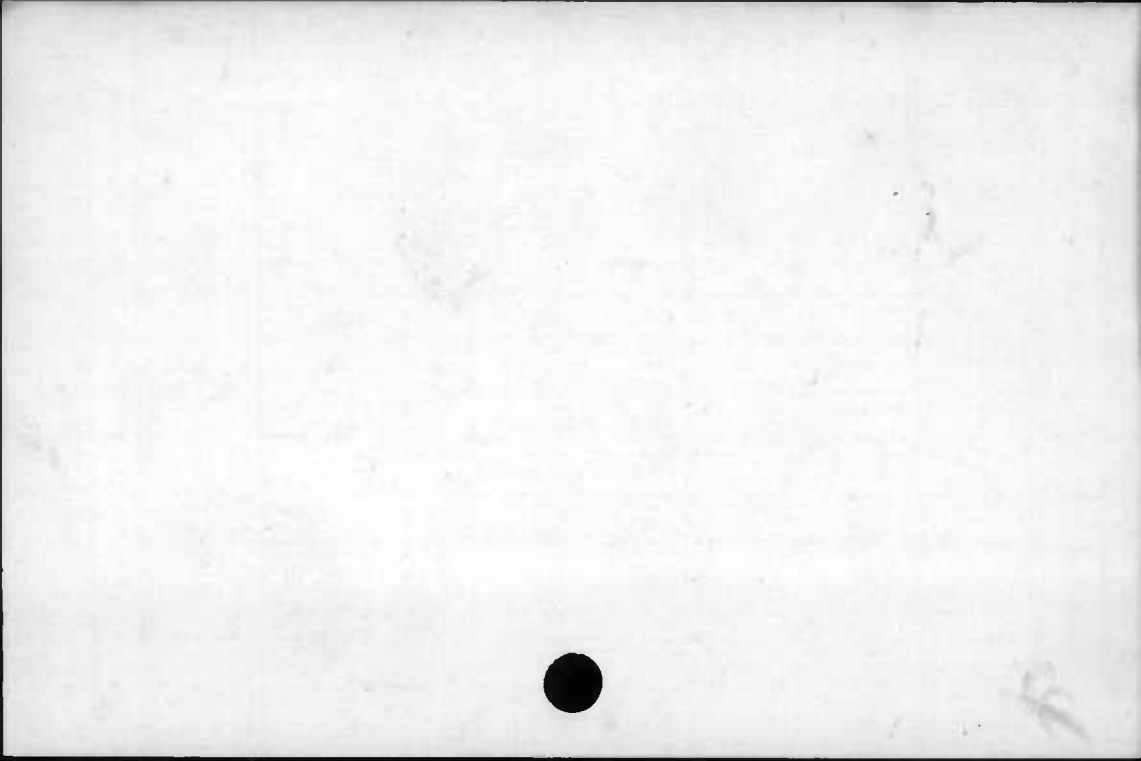
Primary Bright Disease (20) How long 1 year

Immediate Exhaustion How long 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. C. Lamm Address Middletown Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Jefferson* Town*Fredenick* County

MARYLAND

Date
of death 1906Month
11Day
27

Age

Years
70Months
8Days
12

Sex

*Male*Color of
Race *white*Birth-
place*Fredenick Co.*Married, Single
or Widowed*married*

Occupation

*Laborer*Name of Wife or
Husband*Joanna V. Heaster*Father's
Name*John H. Heaster*Father's
Birthplace*Fredenick Co.*Mother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Joanna Heaster*How related
to deceased*wife*

CAUSES OF DEATH

Primary

Valvular lesion of heart

How long

19 years

Immediate

Heart failure

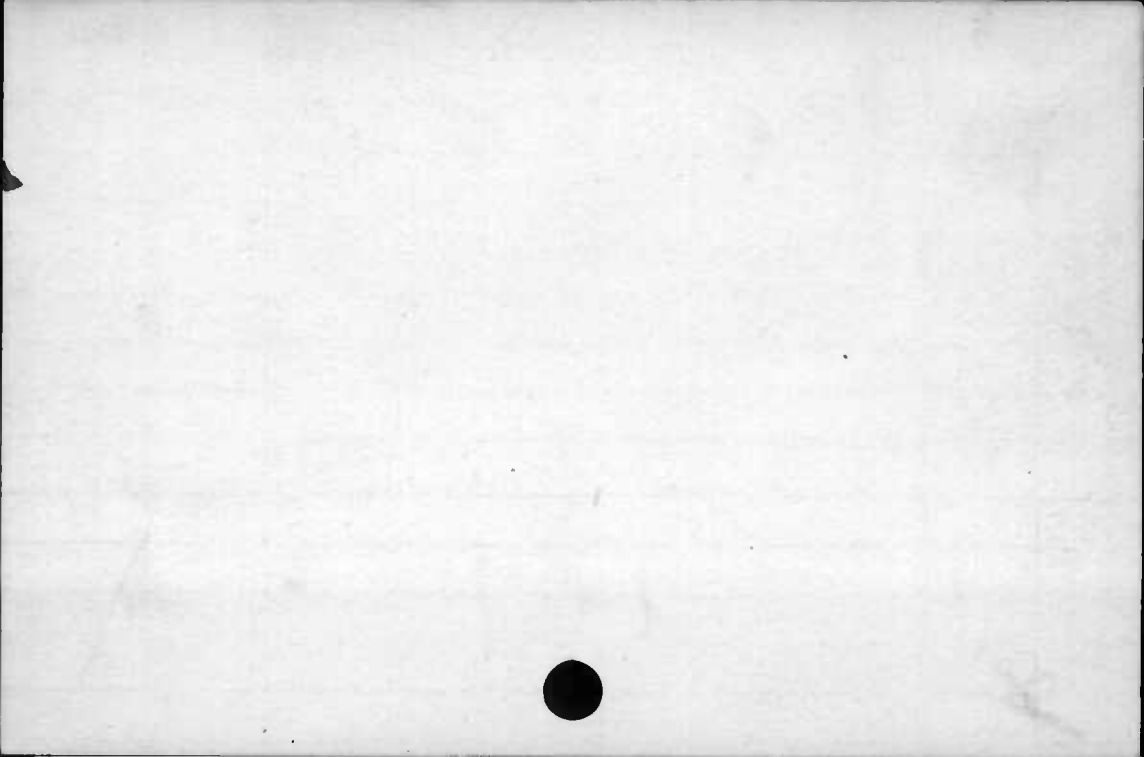
How long

*only few hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Josephus A. Wright
Jefferson Md.

Accident or Suicide?



Name
in
Full

Mary Francis

CERTIFICATE OF DEATH

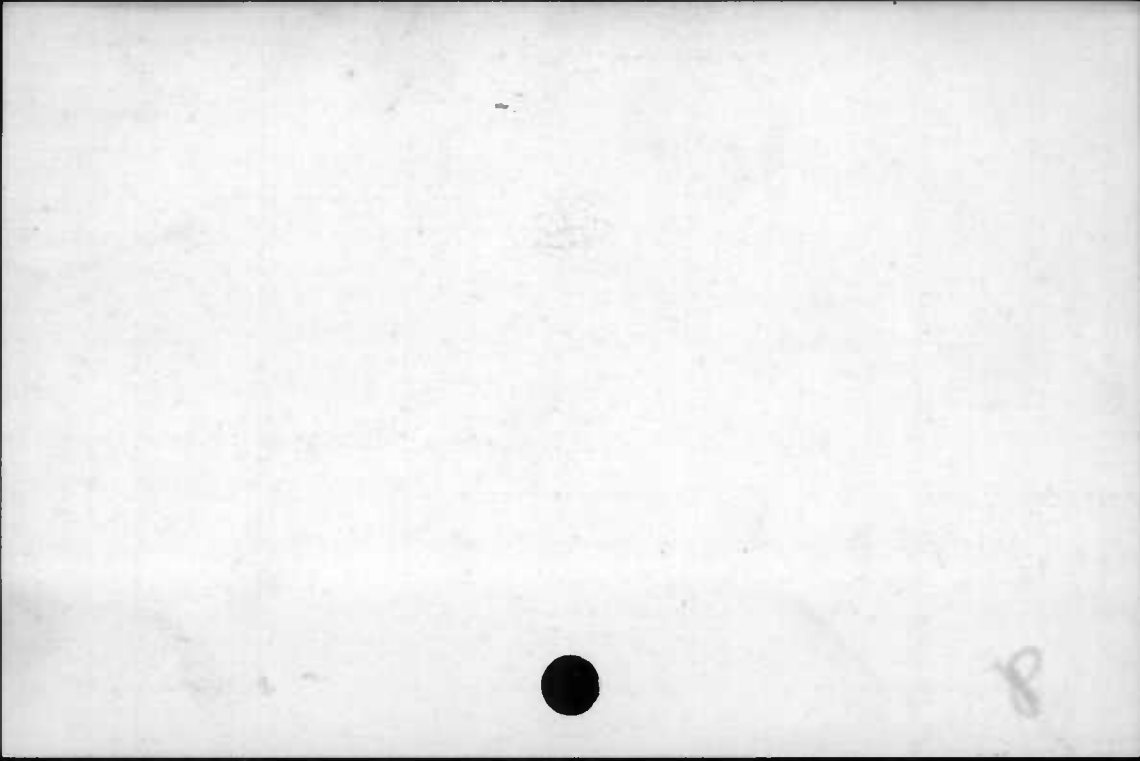
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountain</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1904</i>	<i>11</i> <small>Month</small>	<i>7</i> <small>Day</small>	Age <i>28</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race		Birth-place		
Occupation <i>Domestic</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Insane - Subacute Mania -</i>	How long <i>5 yrs -</i>
Immediate <i>Typhoid Fever</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyson</i>
<i>J</i>	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Thurmont</i> Town		<i>Frederick</i> County			
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>14</i>	Age <i>4</i>	Months <i>2</i>	Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Thurmont Maryland</i>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>		
Father's Name <i>Jacob Inax</i>			Father's Birthplace <i>Thurmont, Md</i>		
Mother's Maiden Name <i>Brother Miller</i>			Mother's Birthplace <i>Thurmont, Md</i>		
Name of person giving information <i>James P. Miller</i>			How related to deceased <i>Grand Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria Laryngitis</i>	How long <i>3 days</i>
Immediate <i>Bronch Pneumonia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. G. - Refanown</i>
	Address <i>Thurmont, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

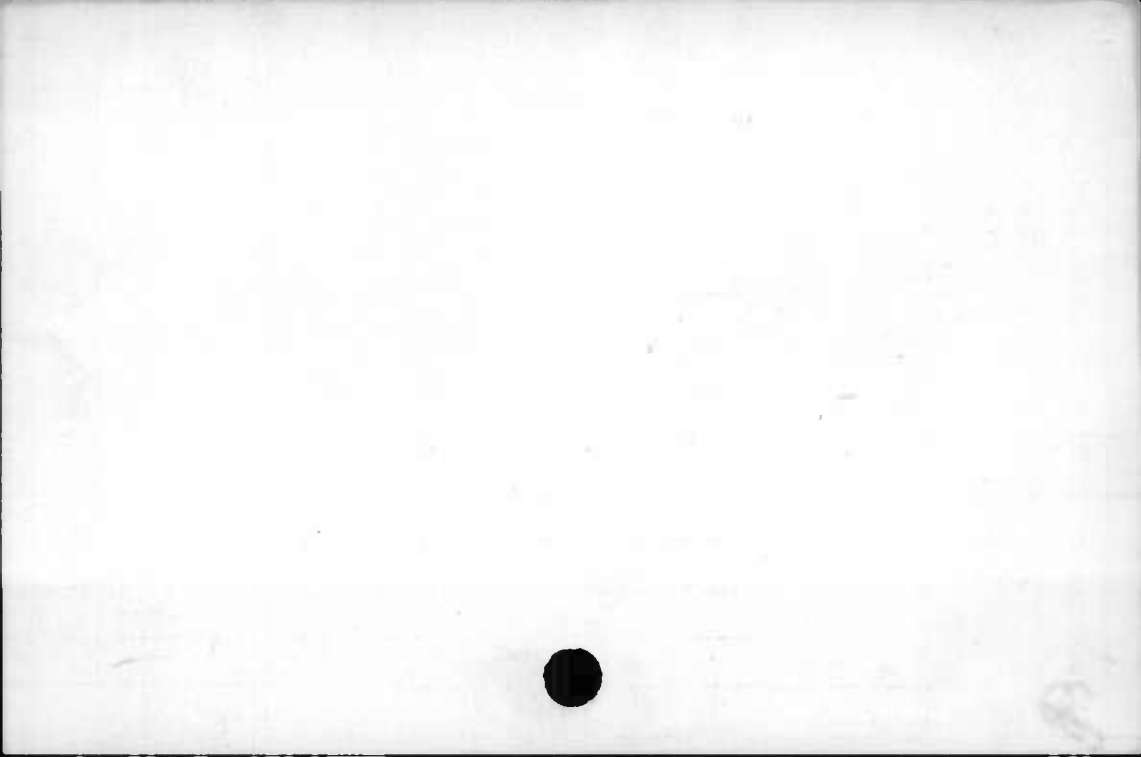
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph D. Green</i>		Town <i>Fredrick</i>		County <i>"</i>		STATE <i>MARYLAND</i>	
Died at <i>Fredrick</i>		Month <i>11</i>		Day <i>20</i>		Age <i>64</i>	
Date of death <i>1906</i>		Months <i>3</i>		Days <i>10</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>md</i>			
Occupation <i>Retired Pensioner</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Sarah Green</i>					
Father's Name <i>Douglas Green</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Abigail Wilco</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>John Green</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congestive Chronic</i>	How long <i>4 days</i>
Immediate <i>Exhaustion -</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Goodell, M.D.</i>
	Address <i>Fredrick, Md</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Harriet Grindler

CERTIFICATE OF DEATH

Died at ^{Town} *Urban* ^{County} *Frederick*

MARYLAND

Date of death ^{Month} *Nov.* ^{Day} *6th* ^{Years} *87.* ^{Months} *—* ^{Days} *3*Sex *Female* Color or Race *White* Birthplace *MD*Occupation *House wife* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *Samuel Grindler*Father's Name *John A. Vell* Father's Birthplace *MD*Mother's Maiden Name *Harriet Hoontz* Mother's Birthplace *MD*Name of person giving information *Emma Hackett* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Old age* How long *10*Immediate *Paralysis & heart failure* How long *2 weeks*

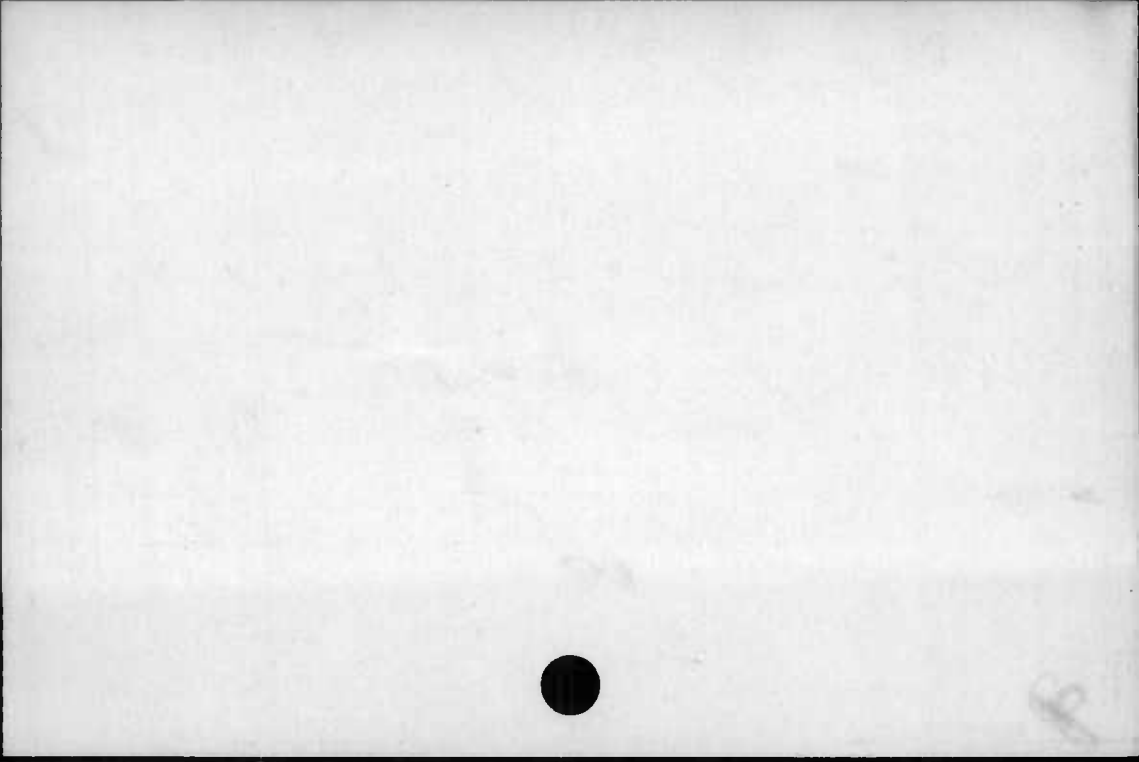
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Martha Hanshaw

CERTIFICATE OF DEATH

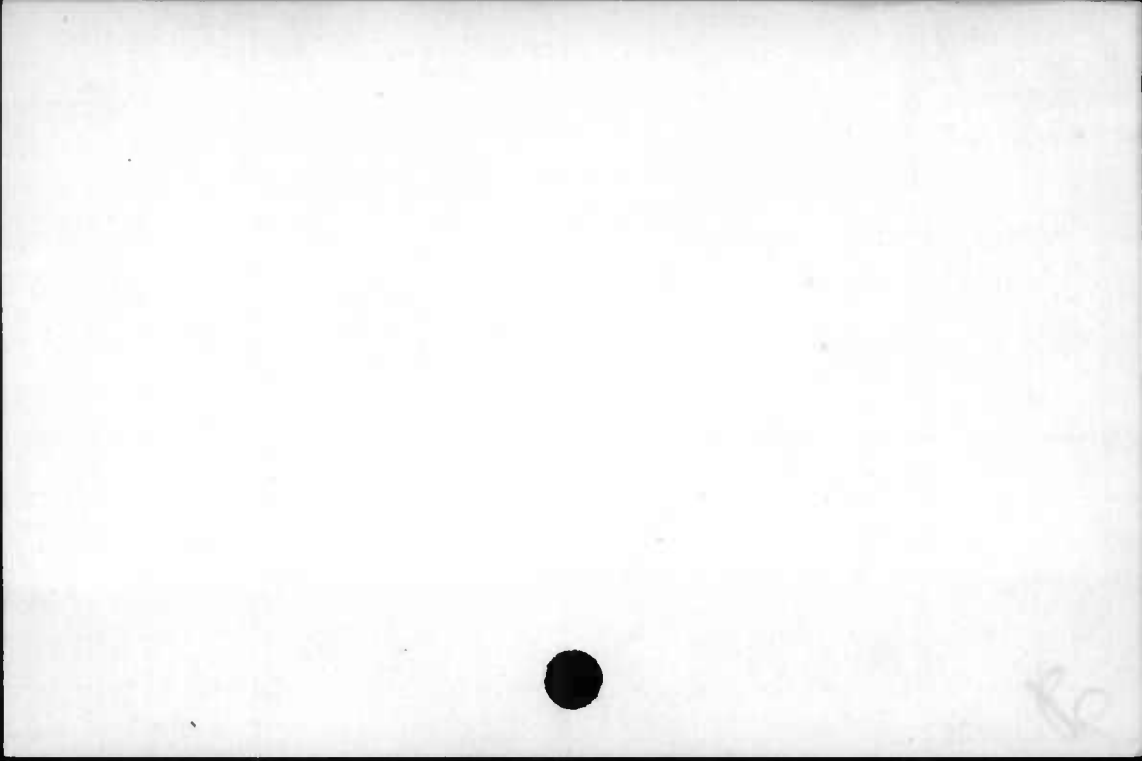
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		1906	Month <i>Nov</i>	Day <i>24</i>	Age <i>68</i>	Years	Months <i>0</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>Fredk Co, Md.</i>				
Occupation <i>Hom</i>		Where Residing if not at place of death <i>Frederick, Md.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Fitchie Hanshaw</i>					
Father's Name <i>Adam Constand</i>		Father's Birthplace <i>Middletown, Md.</i>					
Mother's Maiden Name <i>Martha Willard</i>		Mother's Birthplace <i>Middletown, Md.</i>					
Name of person giving information <i>Mrs O C Brish</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility - Bronchitis</i>	How long <i>Some Months</i>
Immediate <i>General Asthenia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J O Hendrix, MD</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name

in
Full

William Thomas Harwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Stanton TownCounty FrederickDate of death 1906Month Nov.Day 19

Age

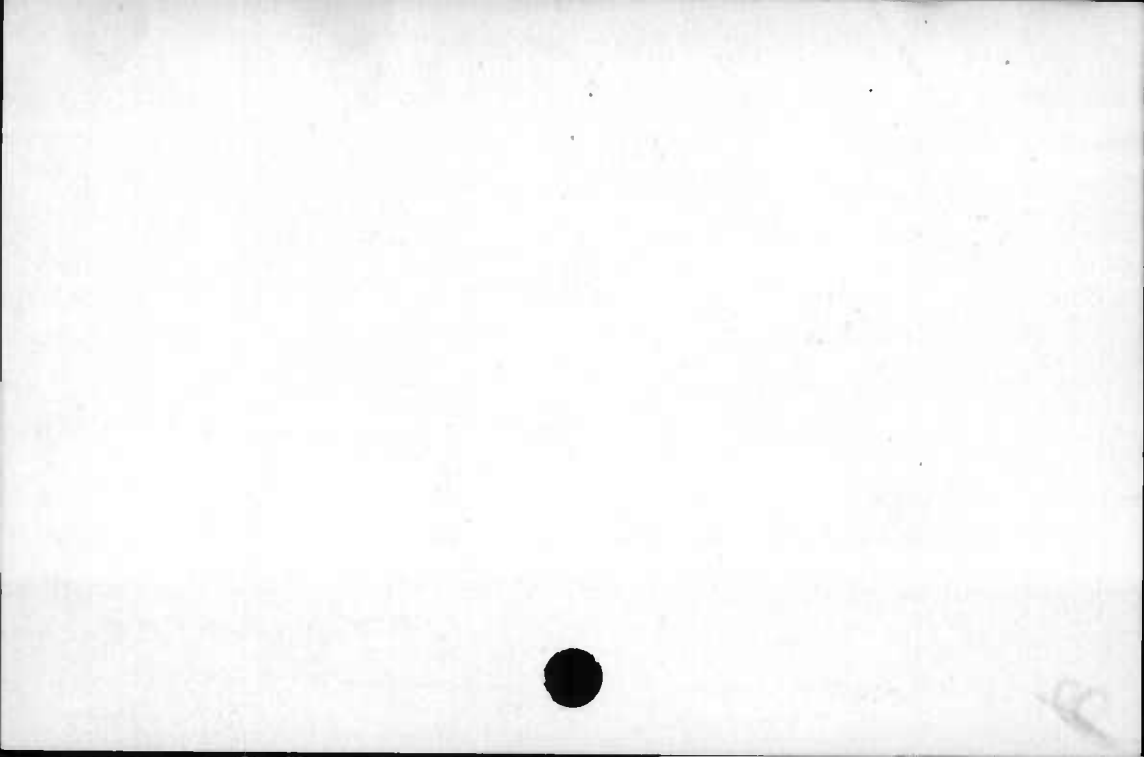
Years 66Months 7Days 28Sex MaleColor or
Race WhiteBirth-
place MDOccupation FarmerWhere Residing if not
at place of death —Married, Single
or Widowed MarriedName of Wife or
Husband Mary Bolten HarwoodFather's
Name M. R. HarwoodFather's
Birthplace MDMother's
Maiden Name —Mother's
Birthplace —Name of person giving
In formation Emma CullenHow related
to deceased Daughter

CAUSES OF DEATH

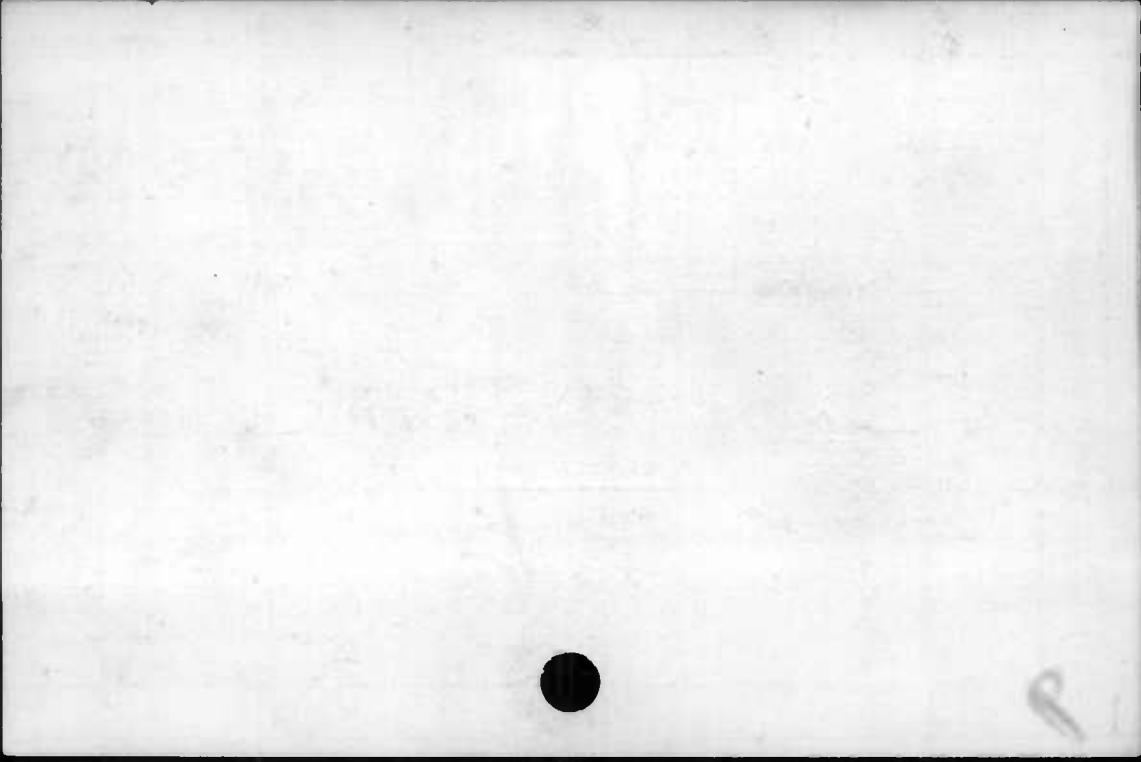
Primary General ParalysisHow long 5 min

Immediate

Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician Clyde RoubenAddress Bethesda, MdAccident or Suicide? —



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i>		County <i>Frederick</i>			
		MARYLAND					
		Date of death <i>1906</i>	Month <i>11</i>	Day <i>2</i>	Age <i>62</i>	Months <i>9</i>	Days <i>2</i>
		Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
		Occupation <i>Carriage maker</i>	Where Residing if not at place of death <i>—</i>				
		Married, Single or Widowed <i>Married</i>	Name of Wife <i>Lavinia E. Barnick</i>				
		Father's Name <i>Julius Hall</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Catherine Smith</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Harry C. Howell</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Cirrhosis of Kidney</i>		How long <i>?</i>			
		Immediate <i>Uremia</i>		How long <i>10 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm Campbell Pearson</i>			
				Address <i>Frederick, Md.</i>			
		Accident or Suicide? <i>—</i>					



Name
In
Full

CERTIFICATE OF DEATH

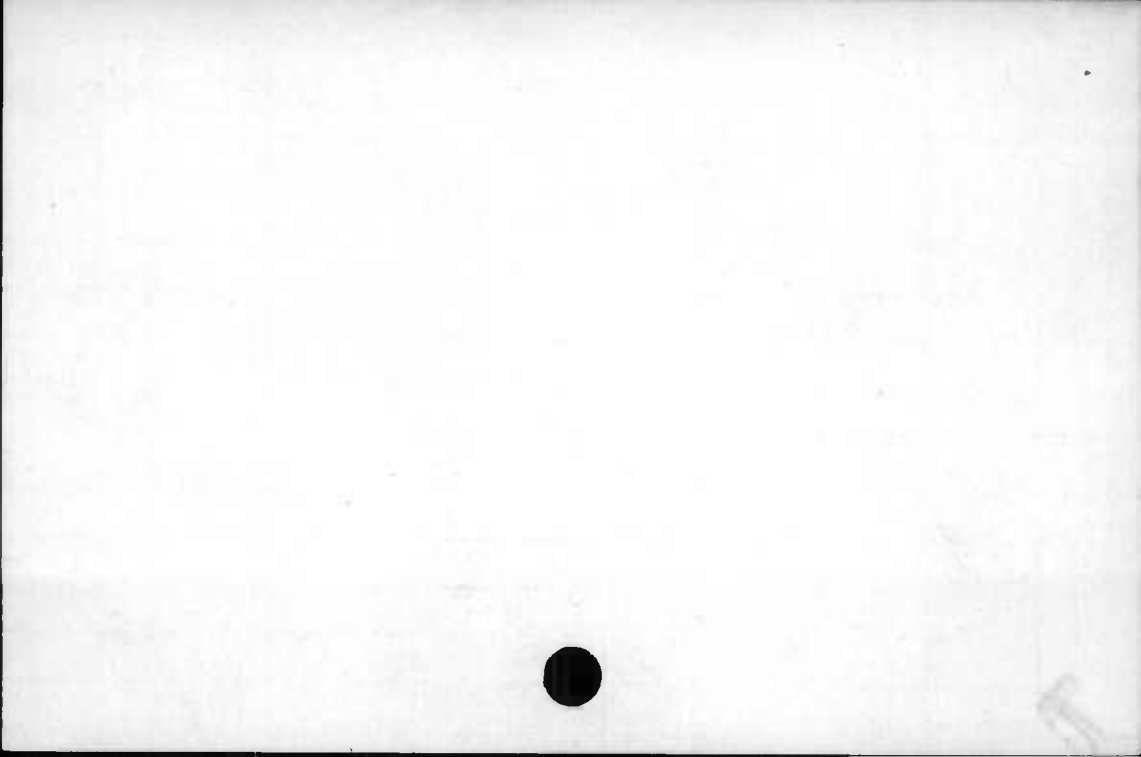
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jane Isaacs</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Frederick</i>		Month <i>11</i>		Day <i>11</i>		Years <i>72</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>—</i>		<i>Med</i>	
Occupation <i>Maid</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Isaacs</i>					
Father's Name <i>Henry Jackson</i>		Father's Birthplace <i>—</i>		<i>Med</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>		<i>"</i>			
Name of person giving information <i>G. W. Tyson</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>		How long <i>154</i>	
Immediate <i>Cardiac Examination</i>		How long <i>—</i>	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>R. S. Lyons</i>	
		Address <i>Theobalds</i>	
Accident or Suicide? <i>—</i>		<i>True</i>	



Name
In
Full

CERTIFICATE OF DEATH

William O Johnson Jr

Town

County

MARYLAND

Died at Petersburg

Date

Month

Day

Years

Months

Days

of death 1906

Nov

4

Age

—

11

—

Sex

male

Color or
Race

Black

Birth-
place

md

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

William O Johnson

Father's
Birthplace

md

Mother's
Maiden Name

Emma M Keller

Mother's
Birthplace

md

Name of person giving
In formation

Emma M Keller

How related
to deceased

mother

CAUSES OF DEATH

Primary

marasmus

How long

11 months

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. S. Hedges

Address

Brownsville
Md

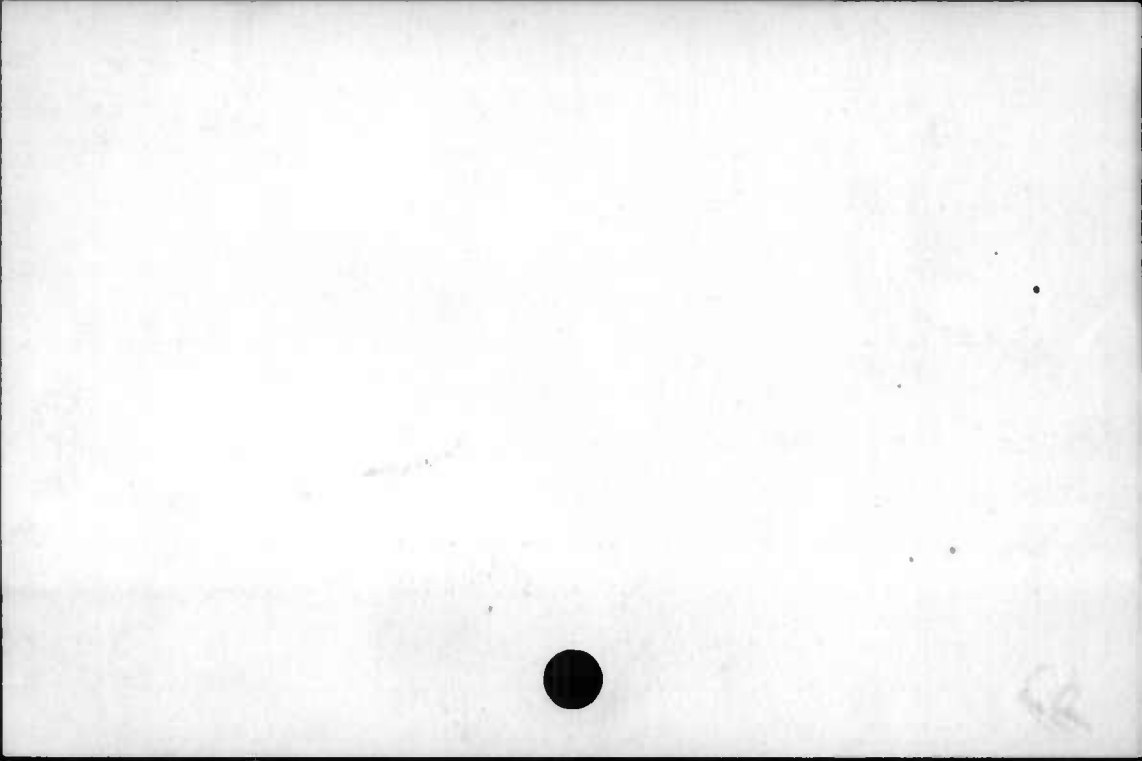
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Buskittsville</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
	Date of death <i>1906</i>	Month <i>11</i>	Day <i>4</i>	Age <i>68</i>	Months <i>9</i> Days <i>28</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Buskittsville</i>		
	Occupation <i>Undertaker</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary M. Horine</i>				
	Father's Name <i>George Korn</i>	Father's Birthplace <i>Frederick Co</i>				
	Mother's Maiden Name <i>Susan Link</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Susan E. Shaffer</i>	How related to deceased <i>Sister</i>					
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Peritonitis</i>	<i>116</i>		How long <i>8 days</i>		
	Immediate <i>Exhaustion</i>			How long <i>Immediate</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. J. J. J.</i>				
		Address <i>Buskittsville</i>				
	Accident or Suicide?	<i>Maryland</i>				



Name
in
Full

CERTIFICATE OF DEATH

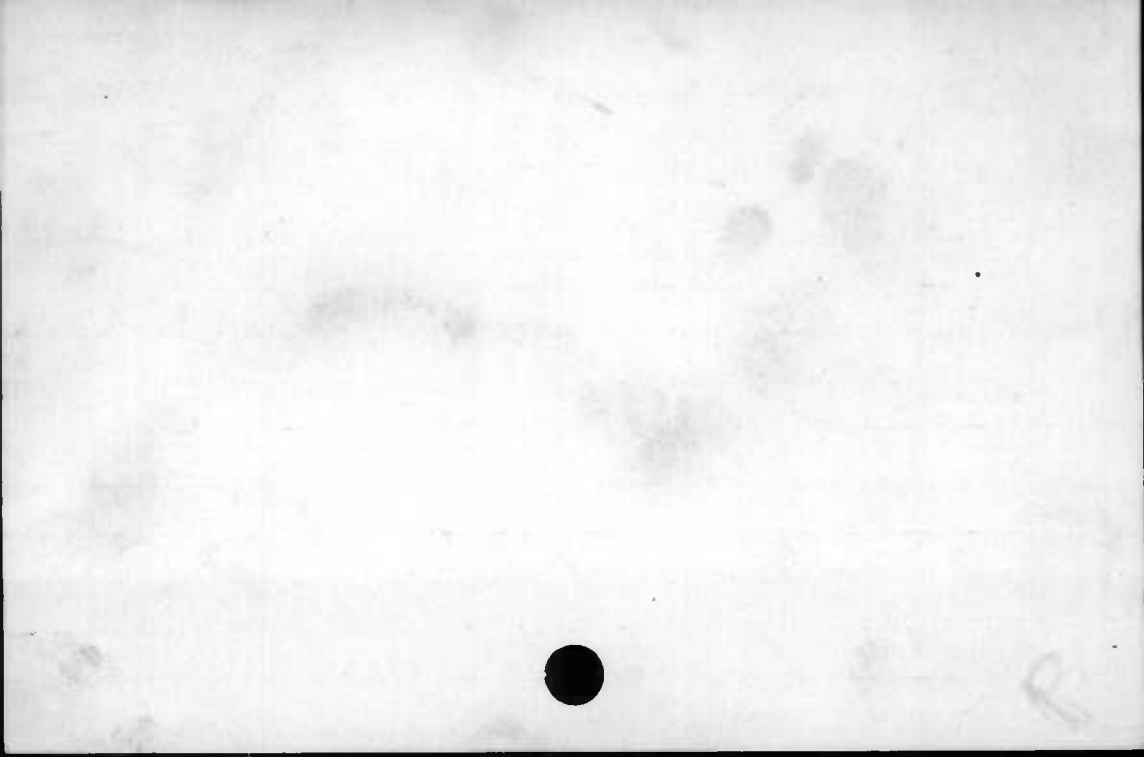
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walden</i> <i>Frederick</i> <i>County</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>7</i>	Age <i>35</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Walden</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Sam E. Keeney</i>		Father's Birthplace <i>CO</i>	
Mother's Maiden Name		Mother's Birthplace <i>CO</i>	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>cholera infantum</i>	How long	<i>7 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Charles W. S. D. Brown</i>
		Address	<i>Walden, Md</i>
Accident or Suicide?			



Name
in
Full

Bernard Frank Refauser

CERTIFICATE OF DEATH

MARYLAND

Died at

Petersville

Town

Baltimore

County

Date

of death 1906

Month

m

Day

20

Age

Years

Months

8

Days

1

Sex

male

Color or
Race

white

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Russell Refauser

Father's
Birthplace

Md

Mother's
Maiden Name

Nora Flook

Mother's
Birthplace

Md

Name of person giving
In formation

Nora Refauser

How related
to deceased

Mother

CAUSES OF DEATH

Primary

How long

Immediate

Insidious Chronic

How long

8 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. H. Horvitz

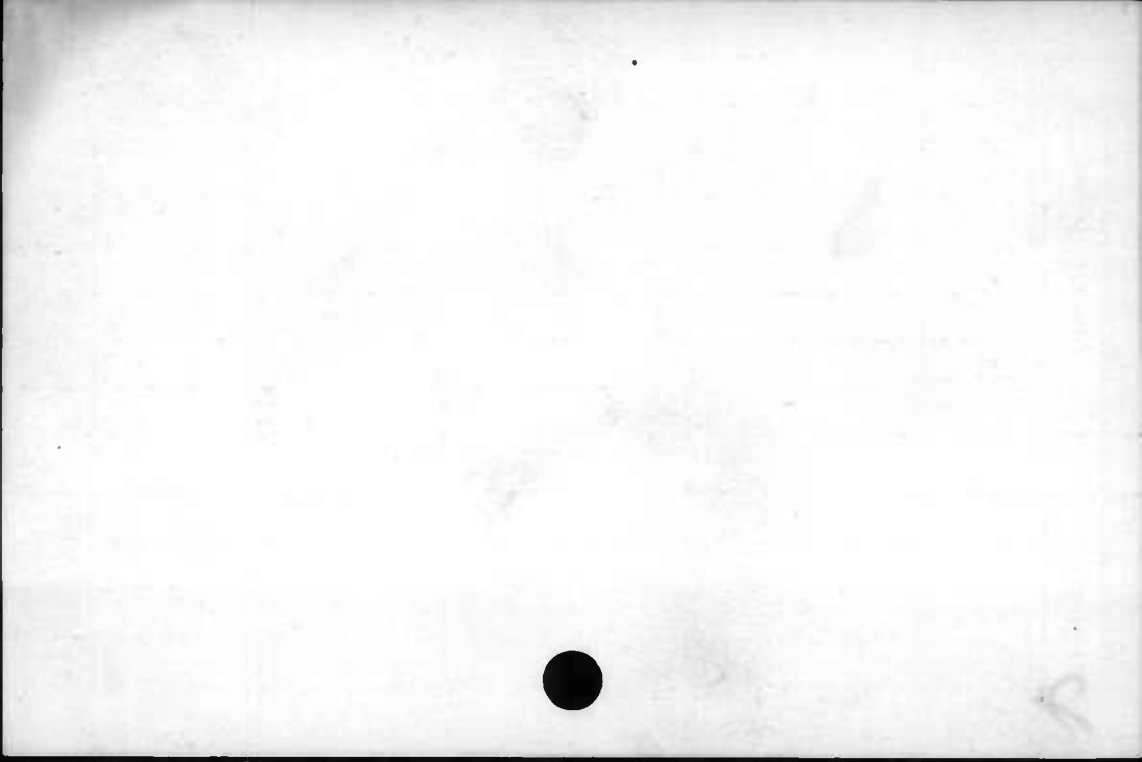
Baltimore

Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

Margaret Kehne

Town

County

MARYLAND

Died at

Frederick

Frederick

Date

Month

Day

Years

Months

Days

of death

1906

Nov.

10th

Age

51

Sex

Female

Color or
Race

White

Birth-
placeMiddletown^{md}

Occupation

Housewife

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Married

Name of ~~Wife~~ or
Husband

George K Kehne

Father's
Name

Harrison Felt

Father's
BirthplaceMiddletown^{md}Mother's
Maiden Name

Elizabeth Miller

Mother's
BirthplaceMiddletown^{md}Name of person giving
information

Geo K Kehne

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cerebritis

How long

one week

Immediate

Coma

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Labruer md

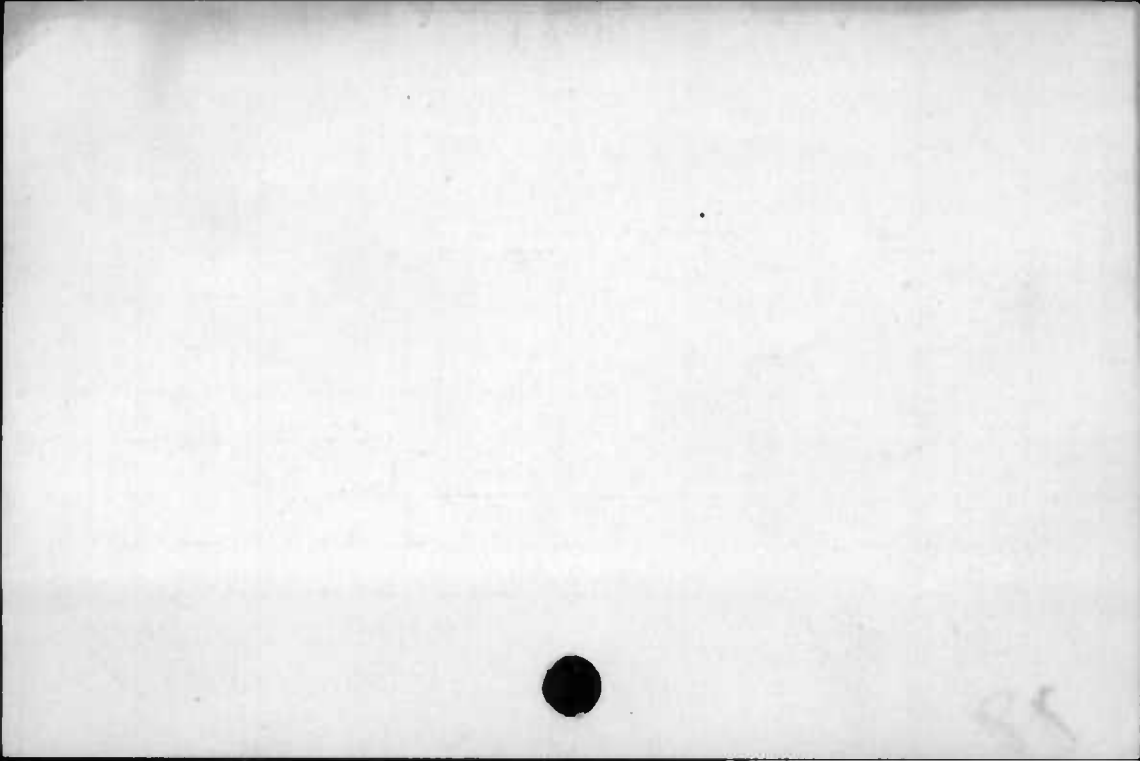
Address

23 Church St
Frederick md

Accident or Suicide?

Neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

L. Russ Kinsey

Town

County

MARYLAND

Died at

Plane No 4 Frederick

Date

1906

Month

Day

Y.

M.

D.

Native of

Occupation

Nov. 28

Age 60

1 1

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

Wife

Father's

Name

of

Christian C. Kinsey

Mother's

Name

Cause of

Primary

Bright's Disease

How long sick

6 weeks

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

J. E. Brownwell

Address

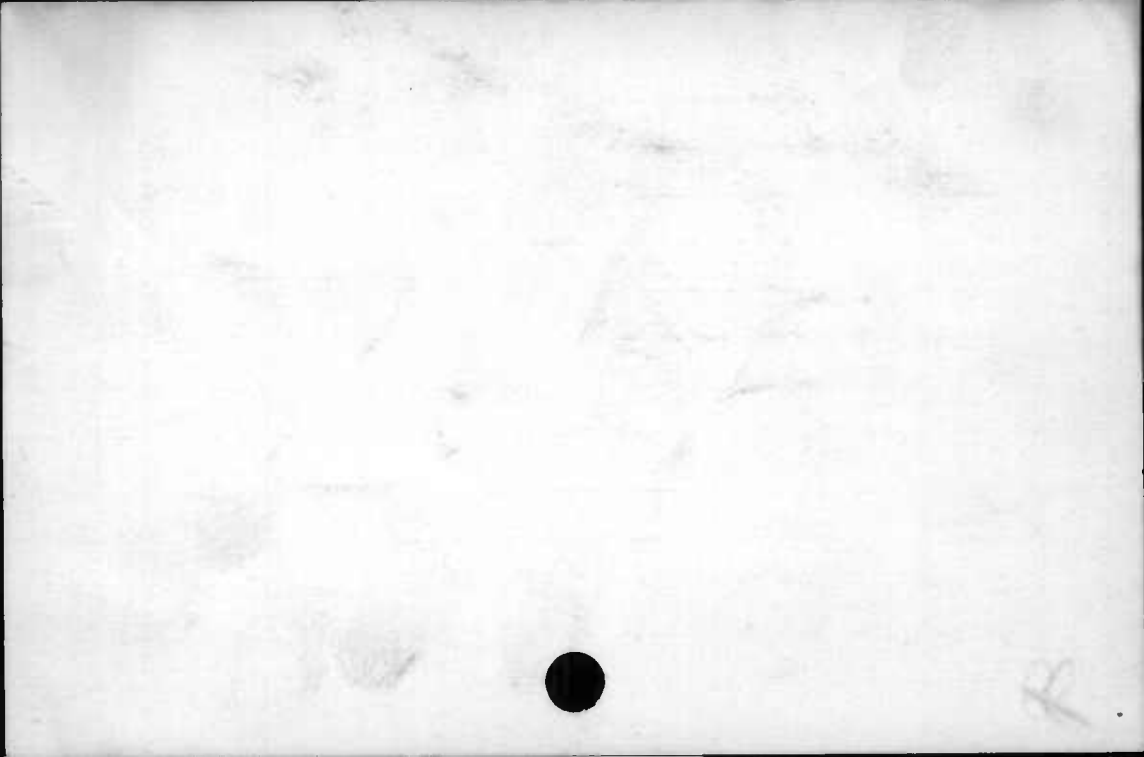
Mt Airy Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Utica Mills</i>				<i>Fredrick</i>		MARYLAND			
		Date of death <i>1906</i>		Month <i>Nov.</i>	Day <i>7</i>	Years <i>62</i>	Months <i>2</i>		Days <i>20</i>		
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredk. Co.</i>					
		Occupation <i>Housewife</i>				Where Residing if not at place of death					
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John J. Lunkhart</i>							
PHYSICIAN OR CORONER		Father's Name <i>Henry Baker</i>				Father's Birthplace <i>Fredk. Co.</i>					
		Mother's Maiden Name <i>Sarah Baker</i>				Mother's Birthplace <i>Fredk. Co.</i>					
		Name of person giving information <i>Sarah Lunkhart.</i>				How related to deceased <i>Sang later</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Gastric carcinoma</i>				How long <i>40</i>		How long <i>12 mths.</i>			
		Immediate <i>General atheria</i>				How long <i>10 days</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>				Signature of Physician <i>Dr. J. H. Long.</i>		Address <i>Walkersville, Md.</i>			
		Accident or Suicide?									



Name
in
Full

Do name Mc Graw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1906	Month	November	Day	20	Age	1 Year
Sex	Male	Color or Race	White	Birth-place	Emmitsburg Md		
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	William C. F. McGraw				Father's Birthplace		
Mother's Maiden Name	Myrtle C. Brown				Mother's Birthplace		
Name of person giving information	myself				How related to deceased		
				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

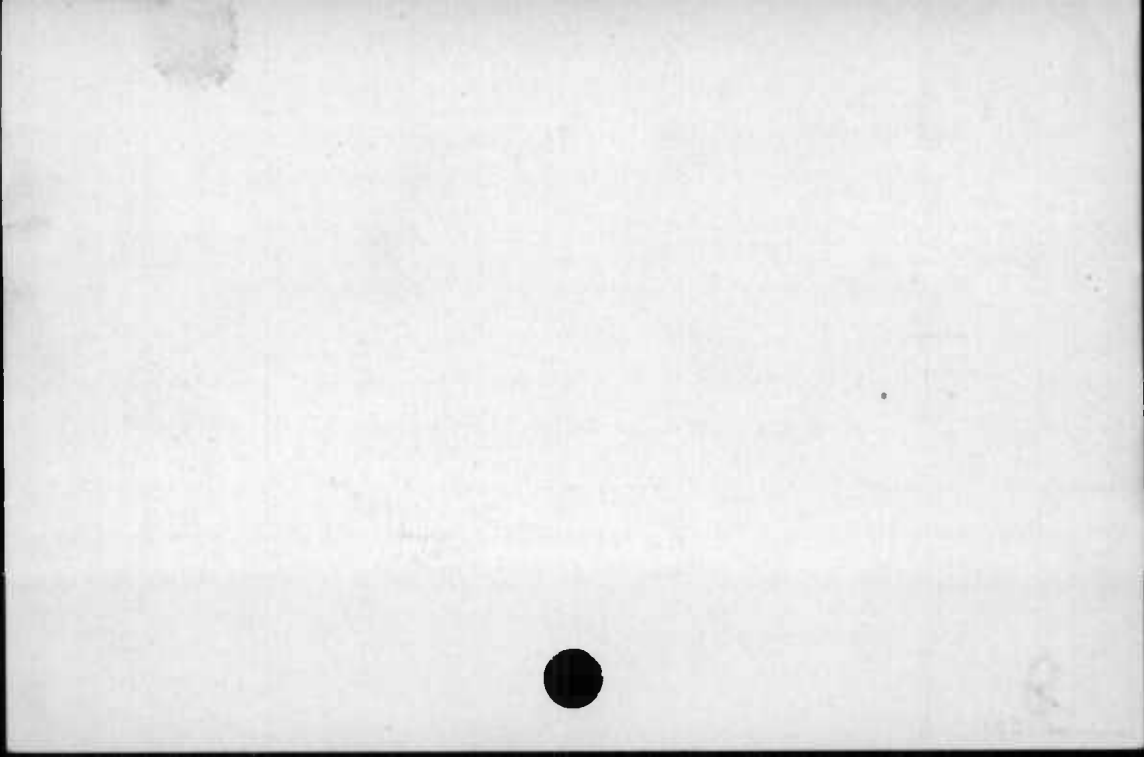
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Harriet S. Martz

14

CERTIFICATE OF DEATH

MARYLAND

Died at *Yellow Springs* ^{Town}*Frederick* ^{County}Date
of death 1906Month
*Nov*Day
13

Age

Years
86

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Frederick Co Md*

Occupation

*Retired*Where Residing if not
at place of death*x*Married, Single
or Widowed*Widowed*Name of Wife or
Husband*David Martz*Father's
Name*Johnathan Hookless*Father's
Birthplace*Frederick Co Md*Mother's
Maiden Name*Louisa Slutz*Mother's
Birthplace*Frederick Co Md*Name of person giving
In formation*Gro. S. Martz - Son of Dr.*How related
to deceased*Son of Dr.*

CAUSES OF DEATH

Primary

Atro. Sclerosis

How long

5 1/4 or more

Immediate

Paralysis heart

How long

*minutes*Are the name, age, sex, color, date
and place correctly given above?*Yy*Signature of
Physician*J. S. Haymond*

Address

*17 Green St West
Frederick Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Schroeder

Name
in
Full

Harry J. Miller

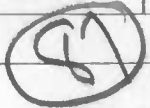
CERTIFICATE OF DEATH

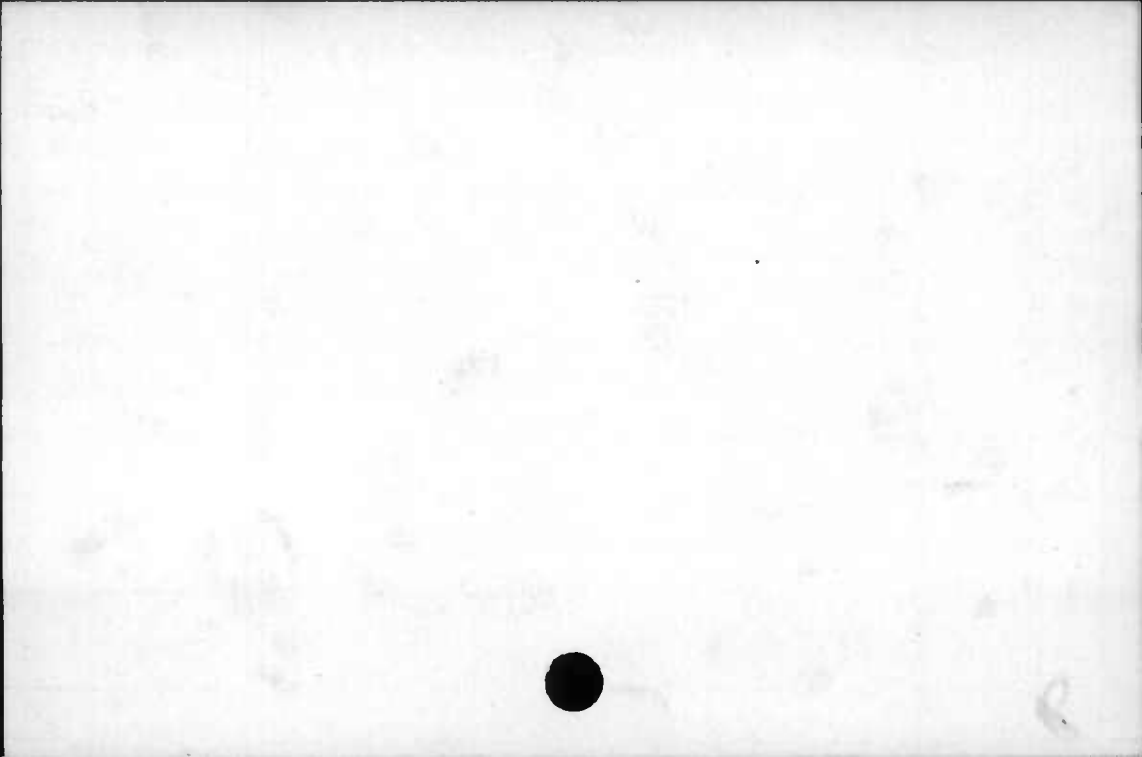
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>11</i> <small>Month</small>	<i>27</i> <small>Day</small>	<i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>3</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>City</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Harry J. Miller</i>			Father's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>Maudie E. Kunichen</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Harry J. Miller</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>		How long <i>4 or 5 days</i>
Immediate <i>Apnoea</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Franklin Buchanan Smith</i>
		Address <i>Frederick, Md.</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

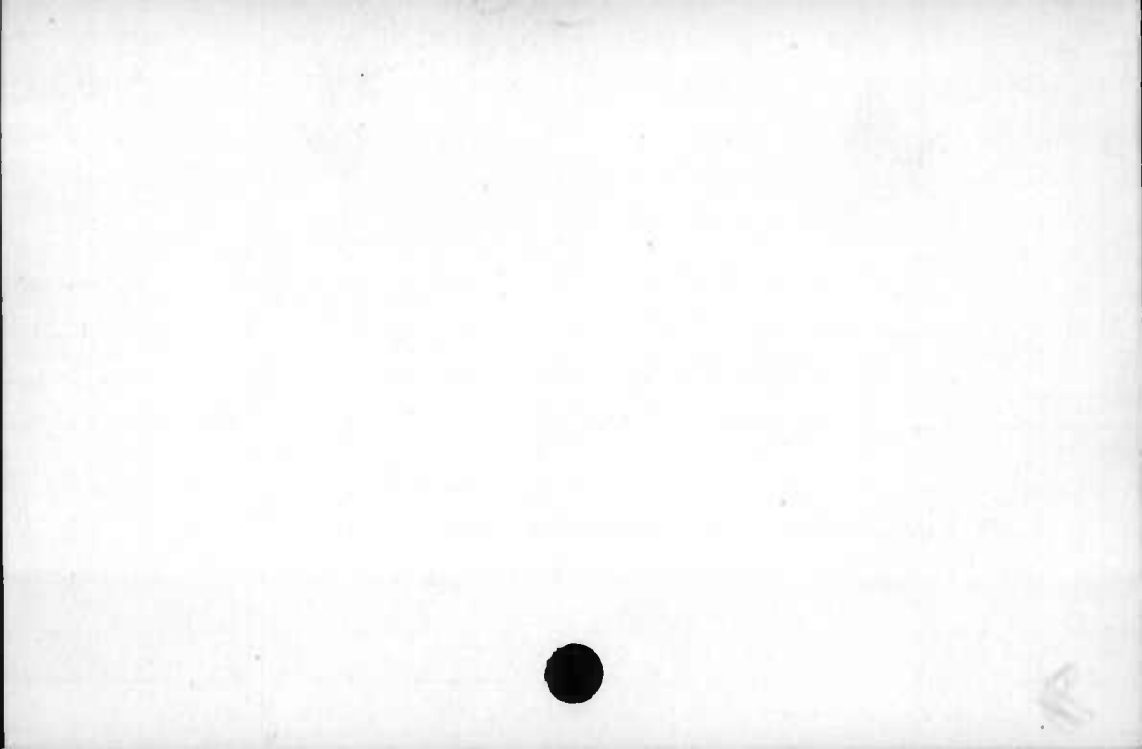
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia Elizabeth Miller</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Frederick</i>		Date of death <i>1906</i>		Month <i>11</i>		Day <i>9</i>	
Age <i>2</i>		Years <i>2</i>		Months <i>7</i>		Days <i>28</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>City</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edw. W. Miller</i>		Father's Birthplace <i>F. Co. Md</i>					
Mother's Maiden Name <i>Lora B. Specht</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Edw. W. Miller</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia (complication of measles)</i>	How long <i>1 week</i>
Immediate <i>Pulmonary oedema</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Labrecq MD</i>
	Address <i>438 Church St Frederick</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Julia Ann Meisner</i>		Town <i>Fredrick</i>		County <i>Fredk.</i>		MARYLAND	
Died at <i>Fredrick</i>		Month <i>11</i>		Day <i>22</i>		Age <i>67</i>	
Date of death <i>1906</i>		Years <i>9</i>		Months <i>19</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fr. Co. Md</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John T. Meisner</i>					
Father's Name <i>William Harrison</i>		Father's Birthplace <i>- Md</i>					
Mother's Maiden Name <i>Kate Willhide</i>		Mother's Birthplace <i>- "</i>					
Name of person giving information <i>John T. Meisner</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of the Liver</i>	How long <i>3 months</i>
Immediate <i>Jaundice</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. Abner</i>
	Address <i>738 Church St.</i>
Accident or Suicide? <i>no</i>	<i>Dr. Busch,</i>

Met. Bethel Trade Co

Name
in
Full

CERTIFICATE OF DEATH

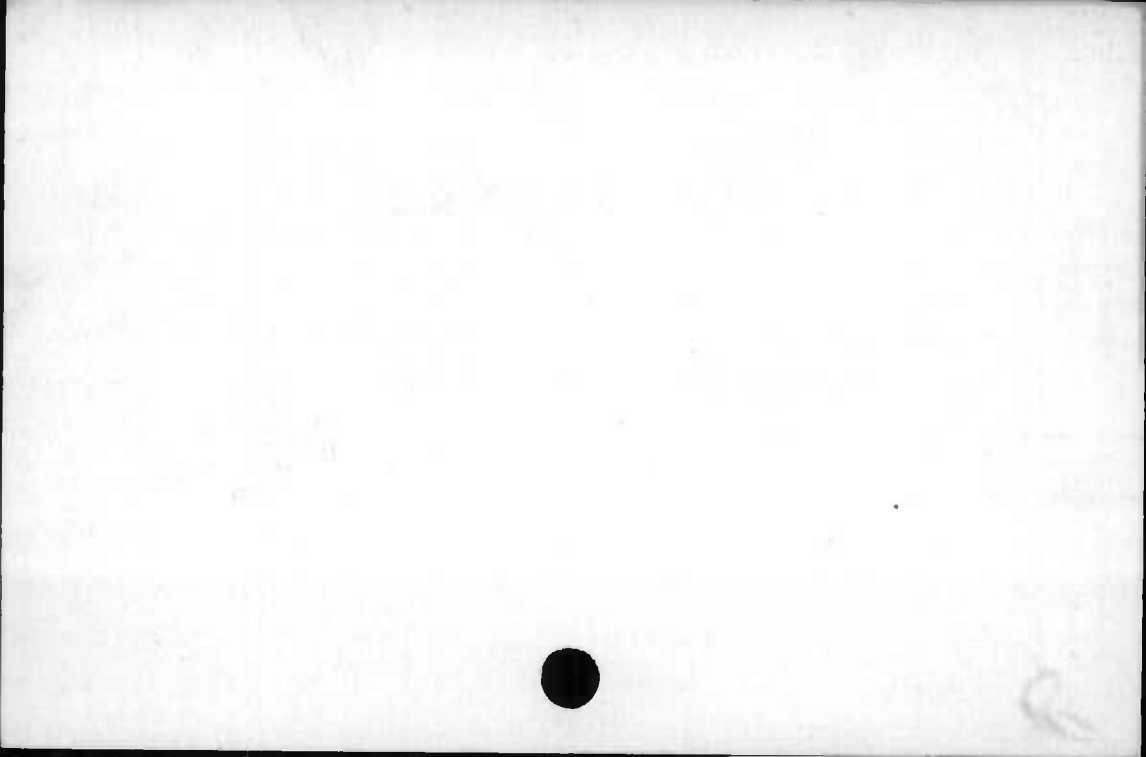
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Anne P. Morgan.</i>		Town <i>Hansonville</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 11 3</i>		<i>84</i>		<i>5 9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>William Morgan</i>					
Father's Name <i>Benjamin A. Baggis</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Amanda Haffner</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Lee W. Morgan</i>		How related to deceased <i>Son.</i>					

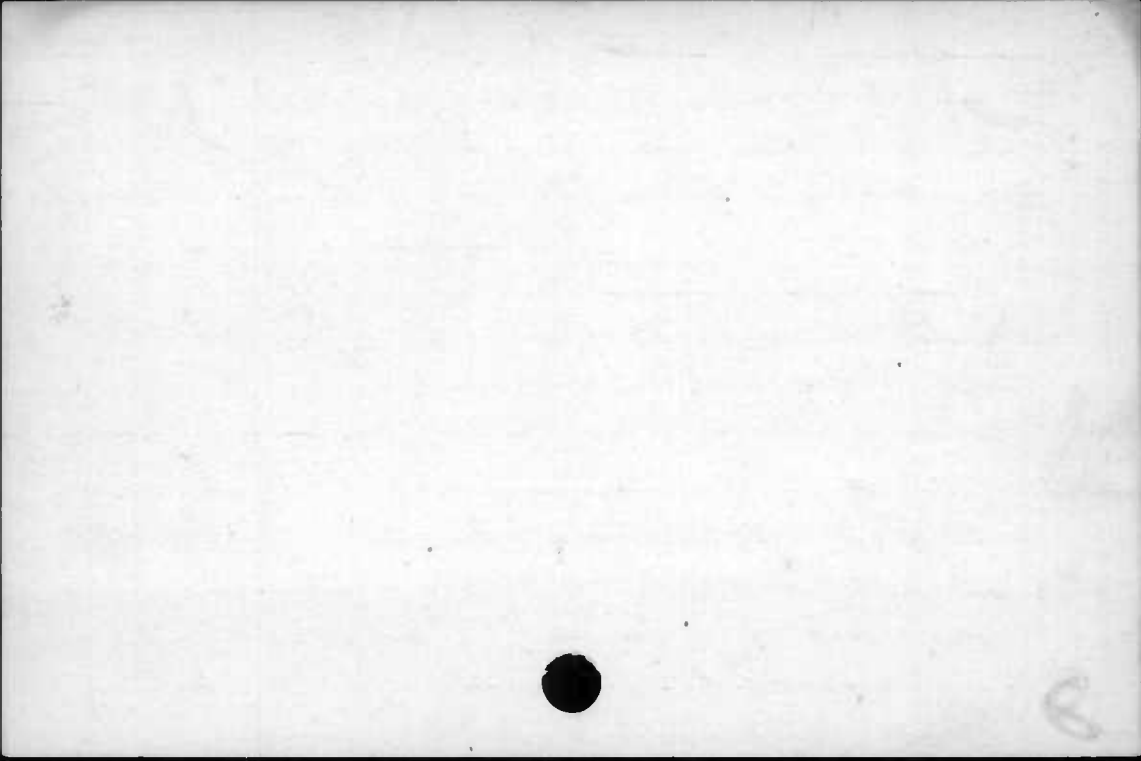
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral</i>	How long <i>Two hours.</i>
Immediate <i>Shock</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. E. Miller.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name in Full		Austin LeRoy Moore						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Jefferson		Tulsa		County		MARYLAND	
	Date of death		1906		Nov		14		Age	
	Sex		male		Color or Race		white		Birth-place	
	Occupation				Where Residing if not at place of death					
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name		Alpha S Moore		Father's Birthplace		md			
	Mother's Maiden Name		Ellen Comfort		Mother's Birthplace		md			
Name of person giving information		Parents		How related to deceased						
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Pneumonia				How long		91	
	Immediate		Exhaustion				How long		3 days	
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		A. A. Lamar M.D.	
							Address		Middletown	
	Accident or Suicide?								md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Milton</i>		Town <i>Pearl</i>		County <i>Murphy</i>		State <i>Fredenck</i>	
Died at <i>Pearl</i>		Date of death <i>1906 Nov 1st</i>		Age <i>11</i>		Months <i>4</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Pearl</i>		Days <i>6</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William E. Murphy</i>		Father's Birthplace <i>Irish Co. Md</i>					
Mother's Maiden Name <i>Mary J. Phelps</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Rudolph Lymer</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

Primary <i>Renal Regurgitation, Nephritis</i>	How long <i>6 months</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank Hedgcock</i>
	Address <i>Fredenck</i>
Accident or Suicide? <i>—</i>	

C. C. Carty Nov. 3/02
Pearl

Name
in
Full

Albert - Clifton Nicodemus

CERTIFICATE OF DEATH

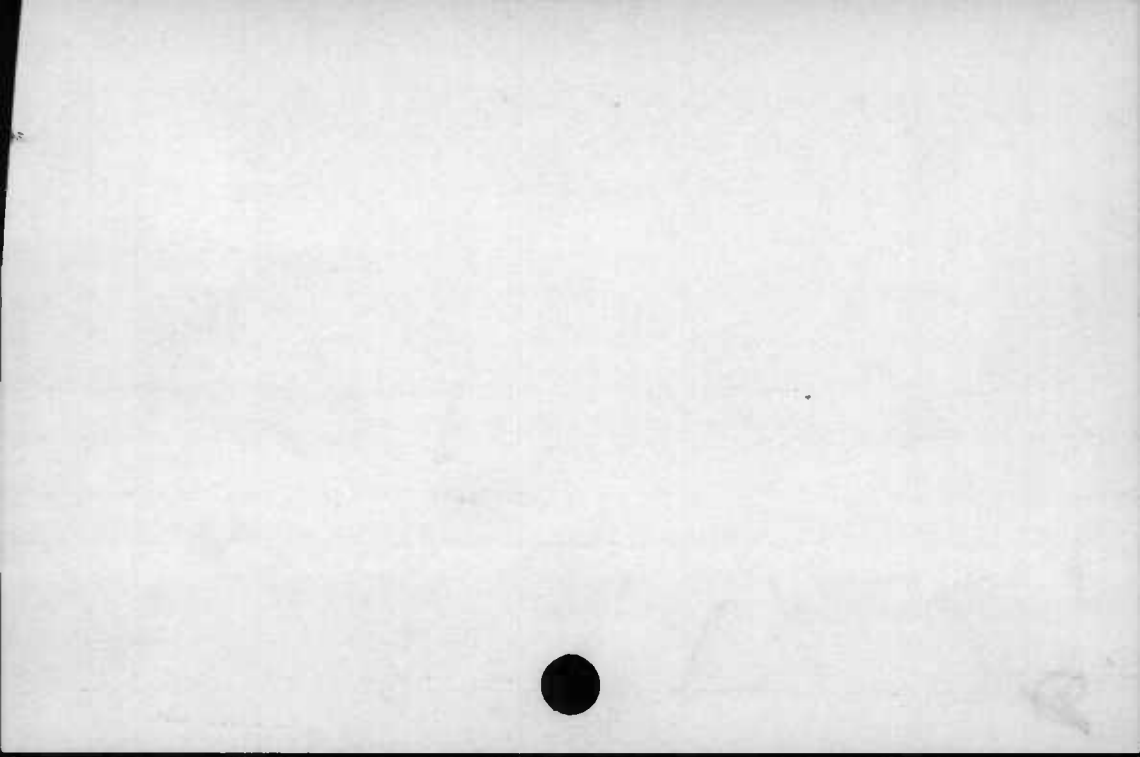
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Unionville district- ^{County} Frederick		MARYLAND			
Date of death 1900	Month Nov.	Day 30	Age 39	Months 9	Days 23
Sex Male	Color or Race White	Birth-place Unionville			
Married, Single or Widowed Married	Occupation Farmer				
Name of Wife or Husband Buelah Nicodemus					
Father's Name Martin L. Nicodemus			Father's Birthplace Unionville		
Mother's Maiden Name Lucinda Carter			Mother's Birthplace Unionville		
Name of person giving information Brooke Boyle			How related to deceased Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Heart-failure	How long Sudden
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. C. Sappington.
	Address Libertytown Maryland.
Accident or Suicide?	



Name
in
Full

Mary O'Hara.

CERTIFICATE OF DEATH

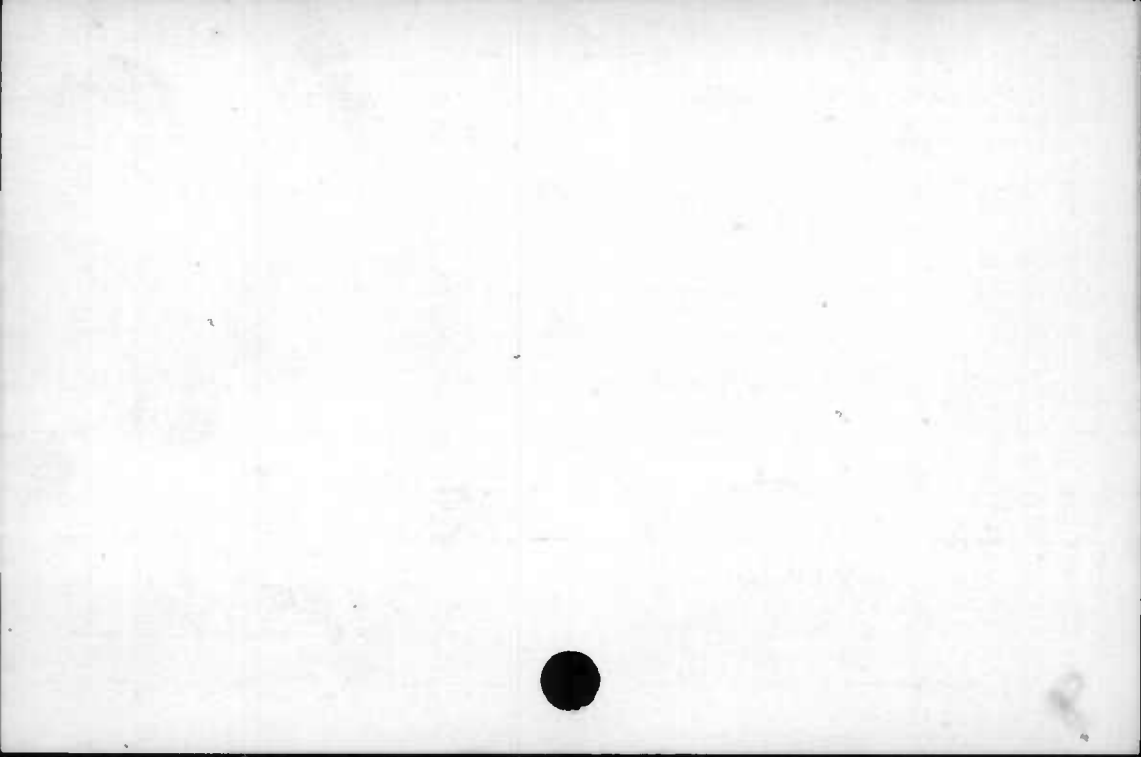
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericksburg</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov-</i>	Day <i>5th</i>	Age <i>78</i>	Years	Months <i>10</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Phil. Pa</i>				
Occupation <i>Sister Charity, Religious</i>				Where Residing if not at place of death <i>=</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Patrick O'Hara,</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Ellen Monahan</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Sister Ambrose Callahan</i>				How related to deceased <i>None</i>			

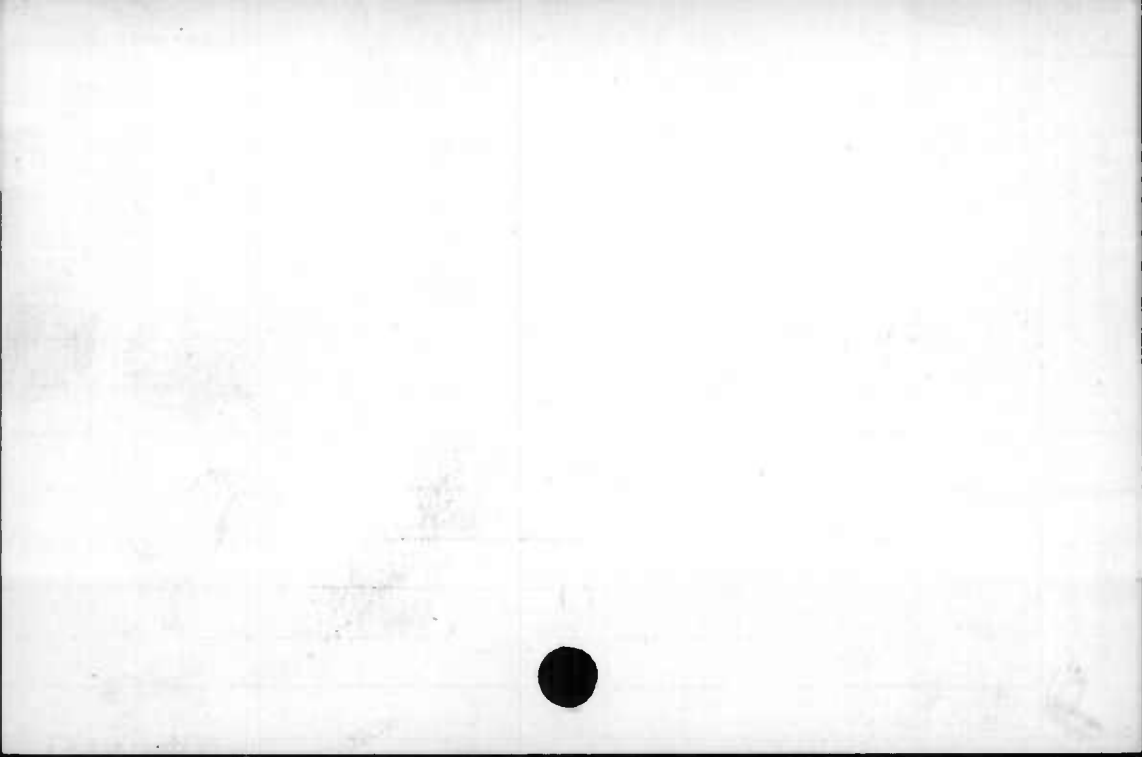
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Brochitis</i>	(93)	How long <i>nine days</i>
Immediate <i>Croupous Pneumonia</i>		How long <i>these days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John B. Brown, M.D.</i>	
	Address <i>Fredericksburg,</i>	
Accident or Suicide?		



Name in Full		Florence Parker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Emmitsburg		County Frederick		MARYLAND
	Date of death		1906	Month Nov	Day 6	Age 18	Years 10
	Sex		Female		Color or Race Negro		Birth-place Emmitsburg, Md
	Occupation		Servant		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Alexander Parker		Father's Birthplace Harrisburg Pa		
Mother's Maiden Name		Hettie Parker		Mother's Birthplace Bethsburg Pa			
Name of person giving information		Hettie Parker		How related to deceased			Mother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tubercularis of Peritoneum			How long 3 Years	
	Immediate		Peritonitis			How long 24 hours.	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr W S Stone		
					Address Emmitsburg, Md		
	Accident or Suicide?						



Name
in
Full

Sarah Routzahn

CERTIFICATE OF DEATH

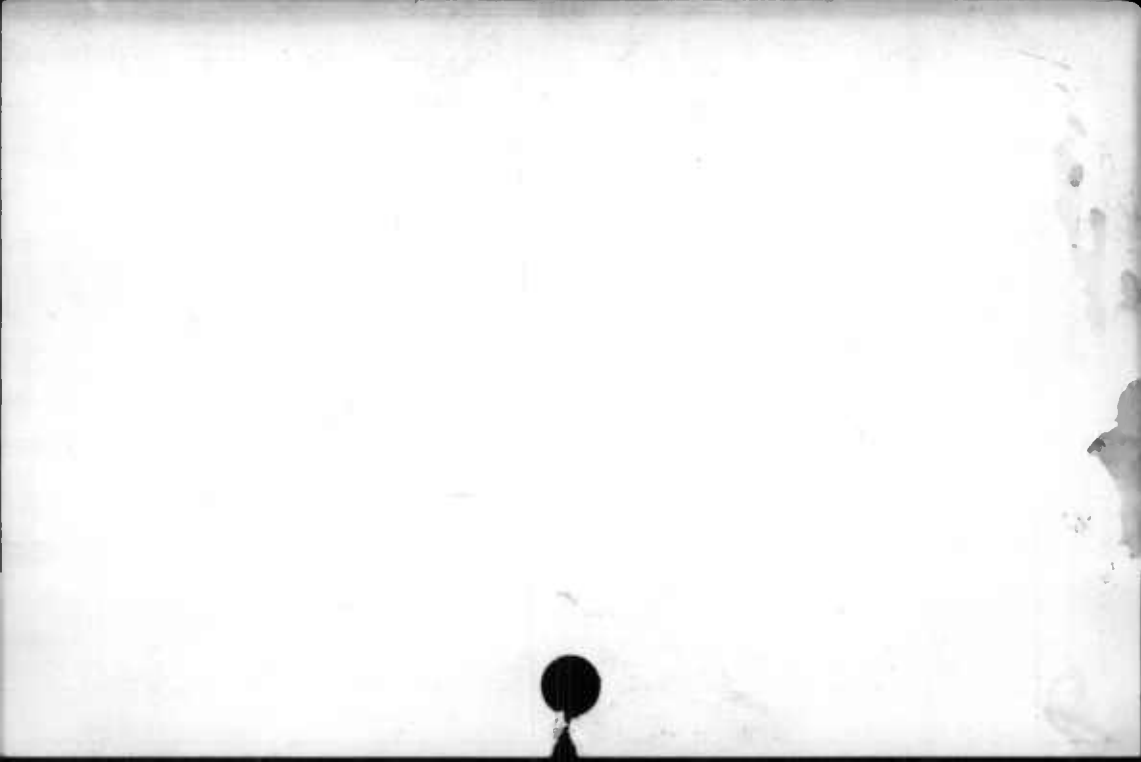
TO BE ANSWERED BY
NEAREST FRIEND


Died at		Town <i>Harmony</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1906	Month <i>11th</i>	Day <i>28th</i>	Age	Years <i>84</i>	Months <i>3</i>	Days <i>13</i>	
Sex <i>female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Edward Routzahn</i>							
Father's Name <i>David Main</i>				Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>Not Known</i>				Mother's Birthplace <i>Not Known</i>			
Name of person giving in formation <i>Sarah E. Kintz</i>				How related to deceased <i>Daughter</i>			

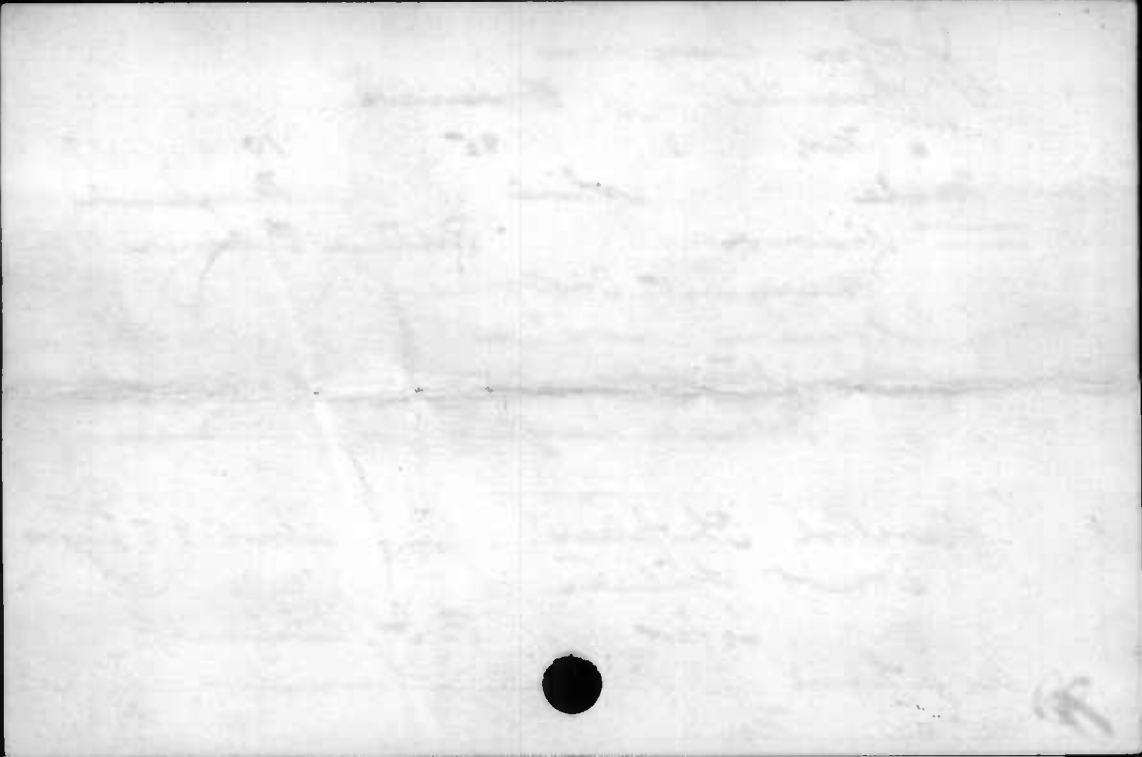
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ralph Braden</i>
	Address <i>Myersville, Md.</i>
<u>Accident or Suicide?</u>	



Name in Full		Mary alyne Santorver				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Brookfield</i>		^{County} <i>Frederick</i>		MARYLAND		
	Date of death <i>1906</i> ^{Month} <i>November</i> ^{Day} <i>4</i>		^{Years} <i>6</i>		^{Months} <i>3</i> ^{Days} <i>thrice</i>		
	Sex <i>female</i>		Color or Race <i>White</i>		Birth- place <i>Maryland.</i>		
	Occupation _____		Where Residing if not at place of death _____				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____				
	Father's Name <i>Cecil Santorver</i>				Father's Birthplace <i>Virginia</i>		
	Mother's Maiden Name <i>Lulu White</i>				Mother's Birthplace <i>Maryland.</i>		
Name of person giving Information <i>Cecil Santorver</i>				How related to deceased <i>father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		<i>(93)</i>		How long <i>10 days</i>		
	Immediate <i>Exhaustion</i>				How long _____		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jos. E. Thomas,</i>		<i>Adamstown, Md.</i>		
			Address 				
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Johnsville</i> ^{Town}		<i>Fredricks</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Nov.</i>	Day <i>1</i>	Age <i>85</i> ^{Years}	Months <i>10</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married <i>Widower</i>			Occupation <i>Retired Farmer</i>		
Name of Wife or Husband <i>Margaret Hoffman</i>					
Father's Name <i>Solomon Saylor</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Christina Grabill</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Robson Saylor</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

Primary <i>Cerebral Apoplexy</i>	How long <i>About 85 Hours</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>So far</i>	Signature of Physician <i>F. H. Sedwick</i>
<i>As I know</i>	Address <i>Johnsville, Md</i>
Accident or Suicide? <i>No</i>	

P. C. Grossmittle

Name in Full *Benjamin F. Schell*

CERTIFICATE OF DEATH

Died at *Frederick* Town *Frederick* County *MARYLAND*

Date of death *1906* Month *11* Day *5* Age *60* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birthplace *Md*

Occupation *Farmer* Where Residing if not at place of death *—*

~~Married~~, Single *—* Name of Wife or Husband *—*

Father's Name *Joseph. Schell* Father's Birthplace *Md*

Mother's Maiden Name *Sarah C. Grabill* Mother's Birthplace *—*

Name of person giving information *Eugene Taylor* How related to deceased *Boother in Law*

CAUSES OF DEATH

Primary *Cerebral apoplexy* (64) How long *immediate*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm. Campbell Brown*

Address *Frederick Md*

Accident or Suicide? *—*

No. 7/
T. P. Rice

Name
in
Full

CERTIFICATE OF DEATH

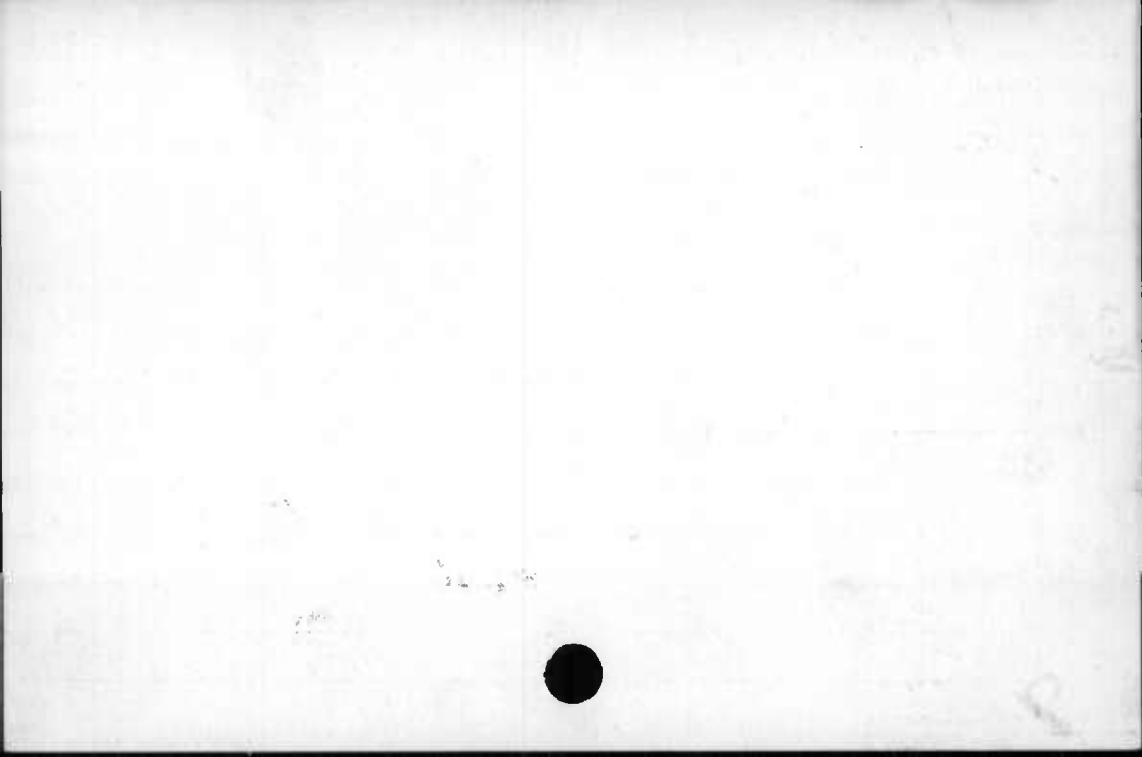
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MAYLAND	
Date of death	<i>1906</i>	Month <i>November</i>	Day <i>24</i>	Age	Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick,</i>		
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Jacob H Schmidt</i>	Father's Birthplace <i>Frederick</i>				
Mother's Maiden Name <i>Cora M Little</i>	Mother's Birthplace <i>Illinois</i>				
Name of person giving information <i>Jacob H. Schmidt</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>11</i>
Immediate <i>1</i>	How long <i>11</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. B. Johnson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name
in
Full

Ruth Shankle

CERTIFICATE OF DEATH

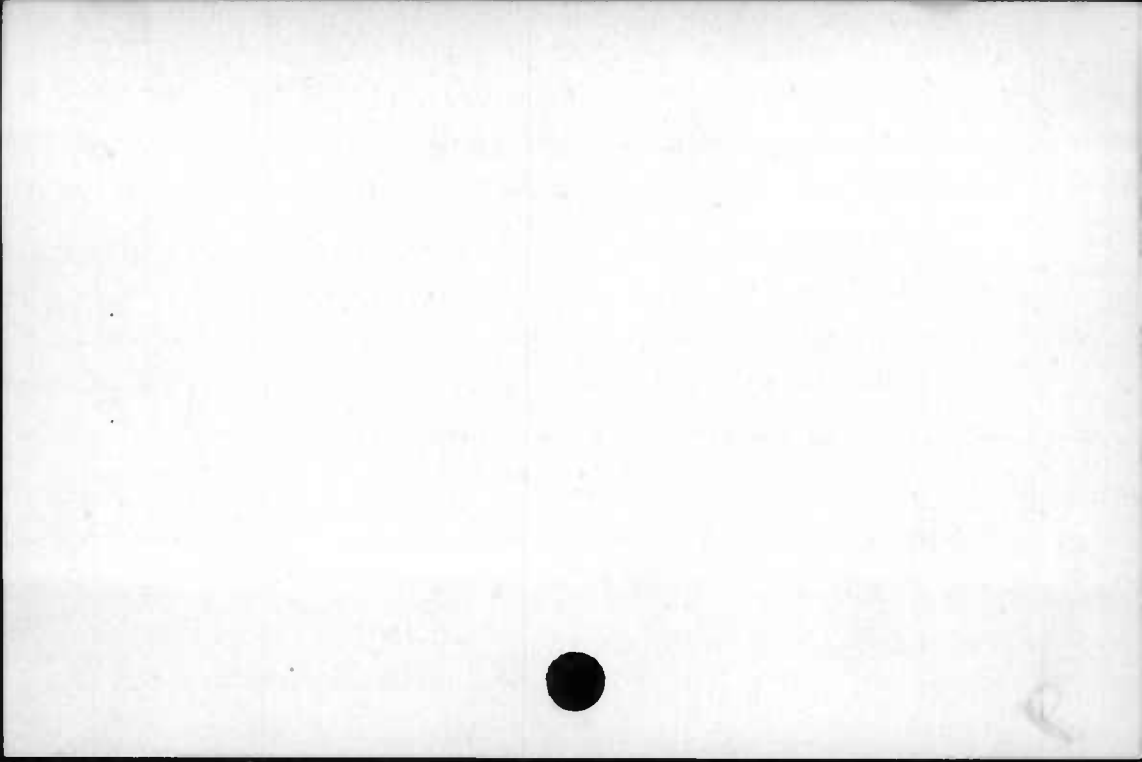
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buckeystown</i> ^{Town}		<i>And</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Nov.</i> ^{Month}	<i>7</i> ^{Day}	Age <i>14</i> ^{Years}	<i>2</i> ^{Months}	<i>28</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Id</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Martin Shankle</i>			Father's Birthplace <i>Id</i>		
Mother's Maiden Name <i>Ruth Anglesberger</i>			Mother's Birthplace <i>Id</i>		
Name of person giving information <i>M. L. Shankle</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fibrinous Bronchitis</i>	How long <i>2 days</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Clyde Roulston</i>
	Address <i>Buckeystown</i>
Accident or Suicide? <i>—</i>	<i>and</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death	<u>1906</u> ^{Month} <u>Nov</u> ^{Day} <u>18</u>	Age	<u>31</u> ^{Years}	<u>7</u> ^{Months}	<u>25</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Frederick, Md</u>
Occupation	<u>Waiter</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Yes</u>	Name of Wife or Husband			
Father's Name	<u>Robert Smith</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Jennie Gross</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Jennie Gross</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Valvular Lesion of Heart</u>	How long	<u>Several Months</u>
Immediate	<u>Cardiac Asthenia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>D. M. G. Bourn</u>	
		Address	
		<u>Frederick, Md</u>	
Accident or Suicide?			



Name
in
Full

Emeline Smith-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Liberty Town

County Frederick

Date of death 1906

Month Nov.

Day 22

Age

Years 21

Months —

Days 14

Sex Female

Color or Race

White

Birth-place

Frederick Co

Occupation

Cook

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

—

Father's Name

Chas. W. Smith-

Father's Birthplace

Frederick Co

Mother's Maiden Name

Sarah C. Smith-

Mother's Birthplace

Frederick Co

Name of person giving information

Chas W. Smith Jr

How related to deceased

Brother

CAUSES OF DEATH

Primary

Acute Tuberculosis

How long

9 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

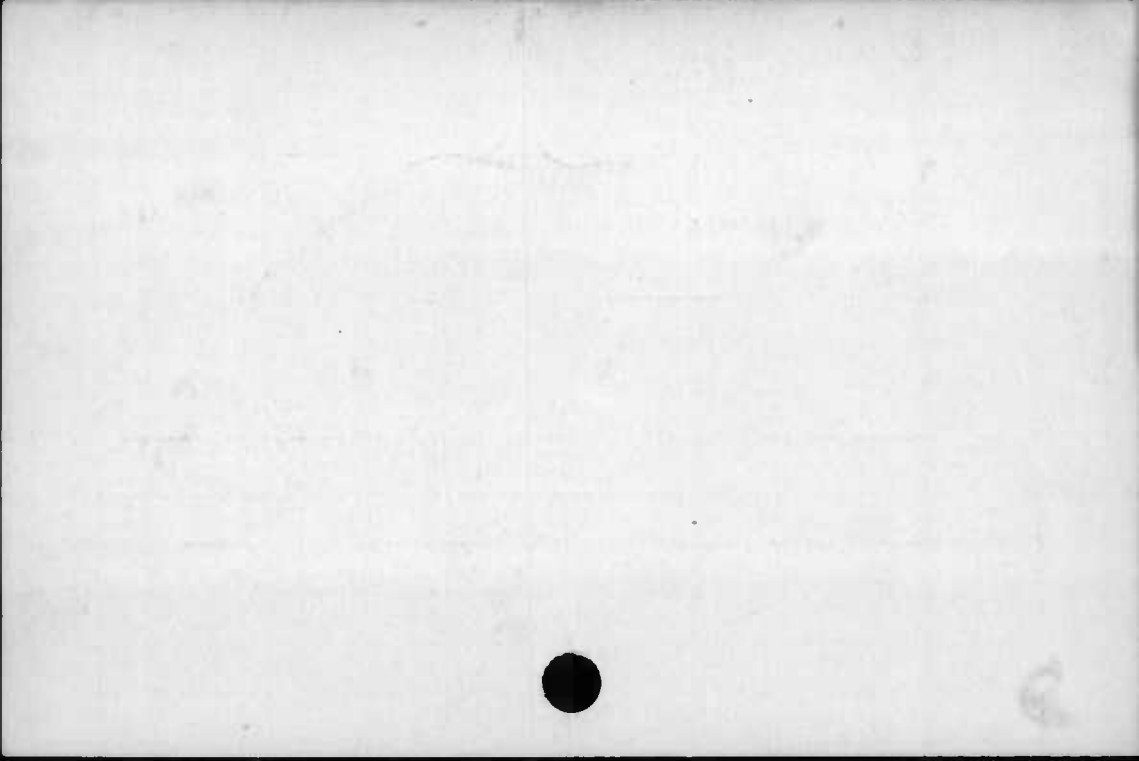
Signature of Physician

J. B. Howe

Address

Liberty Town
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

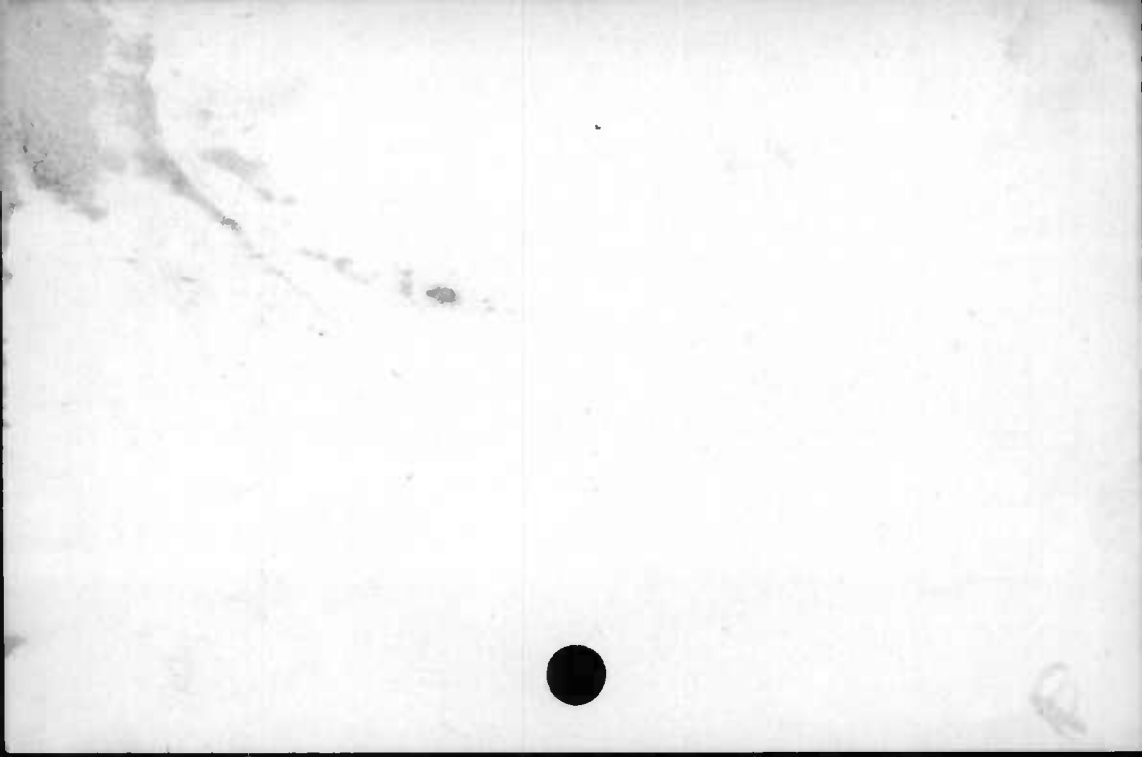
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adams town</i> ^{Town}		<i>Frank</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>11</i> ^{Month}	<i>21</i> ^{Day}	Age <i>72</i> ^{Years}	<i>8</i> ^{Months}	<i>27</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frank Co</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Adams town</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Americus S. Smith</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Addie Hanna</i>			How related to deceased <i>child</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>10 days</i>
Immediate <i>Peritonitis</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. H. Conley.</i>
	Address <i>Adams town W. Va.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

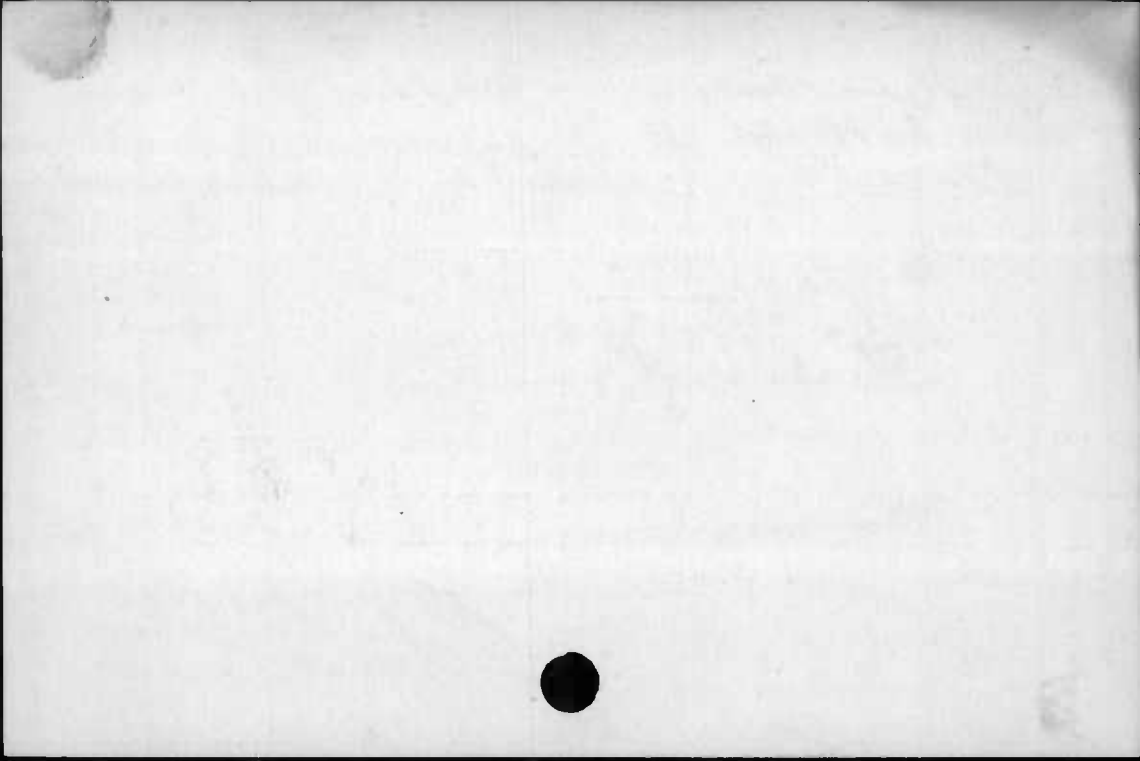
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Margaret Smith</i>		Town <i>Poensy Ridge</i>		County <i>Fredensin</i>		State <i>MARYLAND</i>	
Died at <i>Poensy Ridge</i>		Month <i>4</i>		Days <i>4</i>		Years <i>58</i>	
Date of death <i>1906</i>		Month <i>4</i>		Days <i>4</i>		Years <i>58</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredk Co. Md.</i>			
Occupation <i>Retired</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Abiah Martin</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Sophia Currens</i>		Mother's Birthplace <i>Bridgeport Md.</i>					
Name of person giving information <i>Chas. Smith</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>4 weeks</i>	
Immediate <i>Heart failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. H. Diller</i>	
Address <i>—</i>		Address <i>Ditour, Maryland</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full146
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union Bridge</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death	1906	Month	<i>Nov.</i>	Day	<i>2</i>
Age		Years	<i>2</i>	Months	<i>05</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Fredrick Co</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Chas. Spencer</i>			Father's Birthplace <i>Connelly Co</i>		
Mother's Maiden Name <i>Maudie Cagle</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Charles Spencer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>N E Hoff</i>
		Address	<i>Union Bridge Md</i>
Accident or Suicide?			

Sauvo Creek
Dukes Cemetery,

Name
in
Full

Louisa Briggs

CERTIFICATE OF DEATH

Died at ^{Town} Brunswick^{County} Frederick

MARYLAND

Date of death 1906 ^{Month} Apr. ^{Day} 10 ^{Age} 12 ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} Black ^{Birth-place} MdOccupation ^{Where Residing if not at place of death}Married, Single or Widowed Single ^{Name of Wife or Husband}Father's Name William Briggs Sr. ^{Father's Birthplace} MdMother's Maiden Name Eliza Hunter ^{Mother's Birthplace} MdName of person giving information William Briggs ^{How related to deceased} Father

CAUSES OF DEATH

Primary Diphtheria ^{How long} 1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Levin Wolf
Brunswick.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

UNCLASSIFIED



Name
in
Full

Edward H Stummel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at			Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days	
1906		Nov.	26	90		7	23	
Sex		Color or Race		Birth-place				
male		White		Maryland				
Occupation			Where Residing if not at place of death					
Huckster			-					
Married, Single or Widowed		Name of Wife or Husband						
Widower		Elizabeth Darrick						
Father's Name		Father's Birthplace						
John B Stummel		Maryland						
Mother's Maiden Name		Mother's Birthplace						
Name of person giving information		How related to deceased						
W H Kable		None						

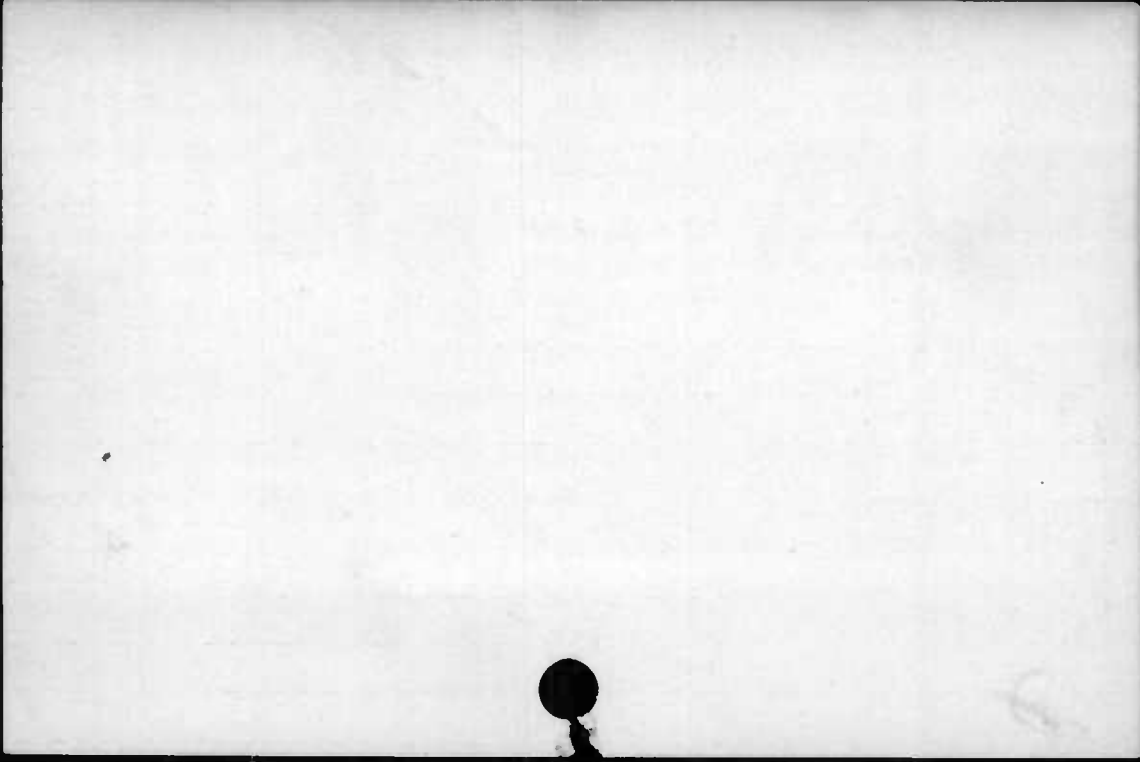
CAUSES OF DEATH

Primary		How long	
Old Age		2 Weeks	
Immediate		How long	
Carbonic		-	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
2		W H Kable	
		Address	
		Stoddard, Md	
Accident or Suicide?			

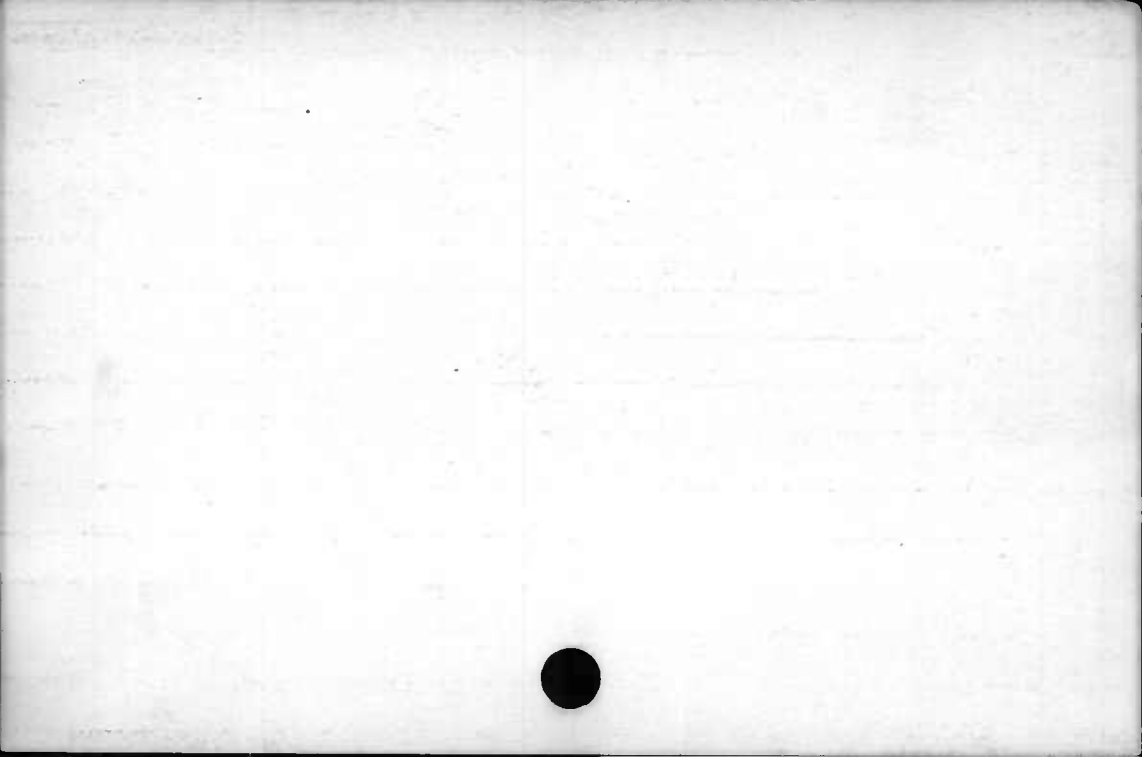


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Name in Full		Abraham Stover				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		New Midway		County		Frederick		MARYLAND		
	Date of death 190		6	Month	nov.	Day	27	Age	81	Years	
	Sex		Male		Color or Race		White		Birth-place		
	Married, Single or Widowed		Widower		Occupation		Retired Farmer				
	Name of Wife or Husband		Annie Elizabeth Stover, nee <u>d</u>								
	Father's Name		Johan Stover					Father's Birthplace		unknown	
	Mother's Maiden Name		Hannah Stover					Mother's Birthplace		unknown	
	Name of person giving information		Charles A. Stover					How related to deceased		Son	
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary							How long			
	Immediate							Paralysis		How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John L. Liggett, M. D.				
					Address		Ladysburg, Md.				
	Accident or Suicide?										



Name in Full		John Henry Toms				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Kingerton Pa	County Franklin	MARYLAND			
		Date of death	1906	Month Nov.	Day 15th	Age 76	Months 11	Days 4	
		Sex	male		Color or Race	White		Birth-place	Myersville Md.
		Occupation	Farmer		Where Residing if not at place of death		Myersville, Md.		
		Married, Single or Widowed	Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name	Jacob Toms			Father's Birthplace	Myersville, Md.		
		Mother's Maiden Name	May Floyd			Mother's Birthplace	Myersville, Md.		
		Name of person giving information	Claude Toms			How related to deceased	Son		
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary	Paralysis			How long	four weeks		
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		J. H. Wishard		
					Address		Leitersburg Md.		
		Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Ephraim</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>11</i>	Age <i>7</i>	Years	Months <i>11</i>	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co</i>				
Occupation			Where Residing If not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Wm A Turner</i>		Father's Birthplace					
Mother's Maiden Name <i>Jennie Canode</i>		Mother's Birthplace <i>Frederick Co</i>					
Name of person giving information <i>W A Turner</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tonsillitis</i>	How long <i>Ten days</i>
Immediate <i>Myocardial Insufficiency</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Stomach</i>
<i>Barnsville</i>	Address <i>Maryland</i>
Accident or Suicide?	

W F Helton.

Mt Olive Cemetery

Dec 15th 1906,

Name in Full

Certificate of Death

Mildred E. Vanfossem

Town

County

Died at

Haltersville

Frederick

MARYLAND

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

11

7

Age

1

3

-

County

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

William Vanfossem

Mother's

Maiden Name

Bertha Shime

Cause of

Primary

Pneumonia - double -

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Mary Margaret Wachter

15-6-11

CERTIFICATE OF DEATH

MARYLAND

Died at *Freagaville* Town *near Fredrick*County *Fredrick*Date
of death *1906*Month
*11*Day
13

Age

Years
*1*Months
*X*Days
16

Sex

*Female*Color or
Race*White -*Birth-
place*Md*

Occupation

*X*Where Residing if not
at place of death*X*Married, Single
or Widowed*X*Name of Wife or
Husband*X*Father's
Name*Marcus C. Wachter*Father's
Birthplace*Md*Mother's
Maiden Name*Emma A. Radlmann*Mother's
Birthplace*Md*Name of person giving
In formation*M. C. Wachter*How related
to deceased*father*

CAUSES OF DEATH

Primary

Stenotonia -

How long

1 mo

Immediate

Brain Fever

How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

67. Gooden. md
*Fredricks.**Md*

Accident or Suicide?

*X*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Schrader

8



Name
in
Full

Uriah Wachter

CERTIFICATE OF DEATH

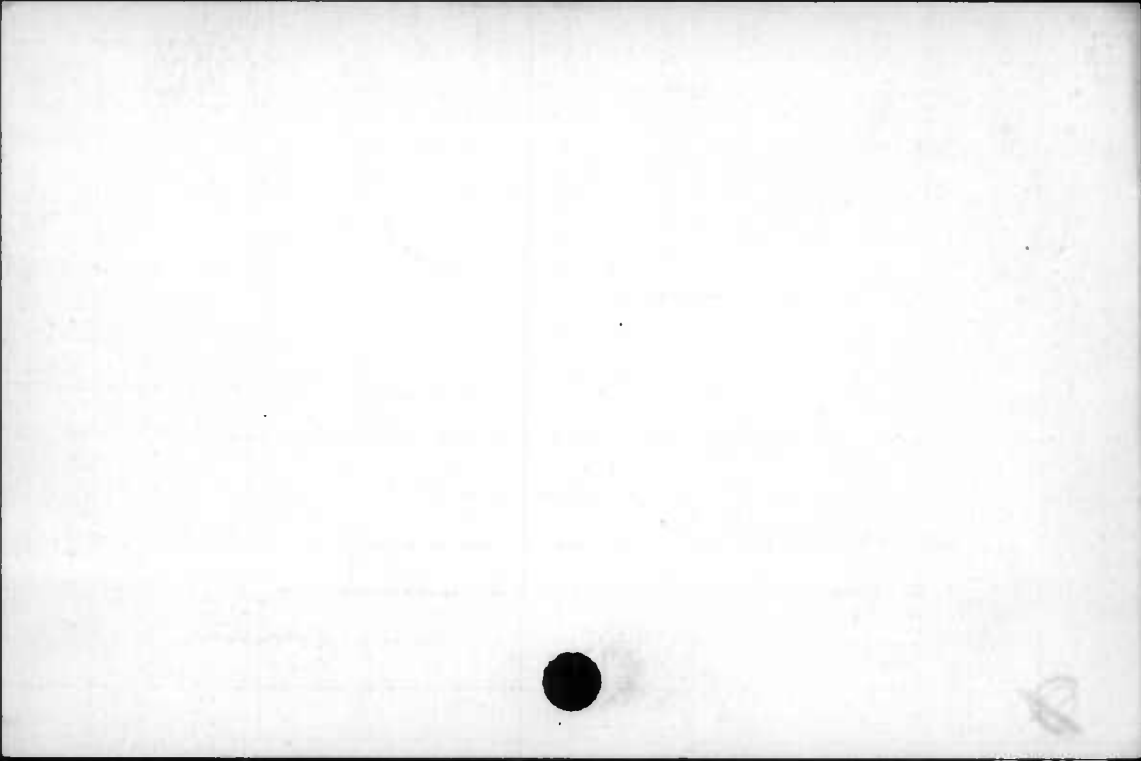
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fredrick</u> <small>Town</small>		<u>Fredk</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>11</u>	Day <u>6</u>	Age <u>68</u>	Years <u>68</u>	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birthplace <u>F. Co Md</u>		
Occupation <u>Labores</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Marietta Martz</u>				
Father's Name <u>Samuel Wachter</u>	Father's Birthplace <u> </u>				
Mother's Maiden Name <u>Ann Stone</u>	Mother's Birthplace <u> </u>				
Name of person giving information <u>Geo Wachter</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>6</u>	How long
Immediate <u>Cardiac Paralysis</u>		How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>M. Fahrman</u>	Address <u>Fredrick</u>
Accident or Suicide? <u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

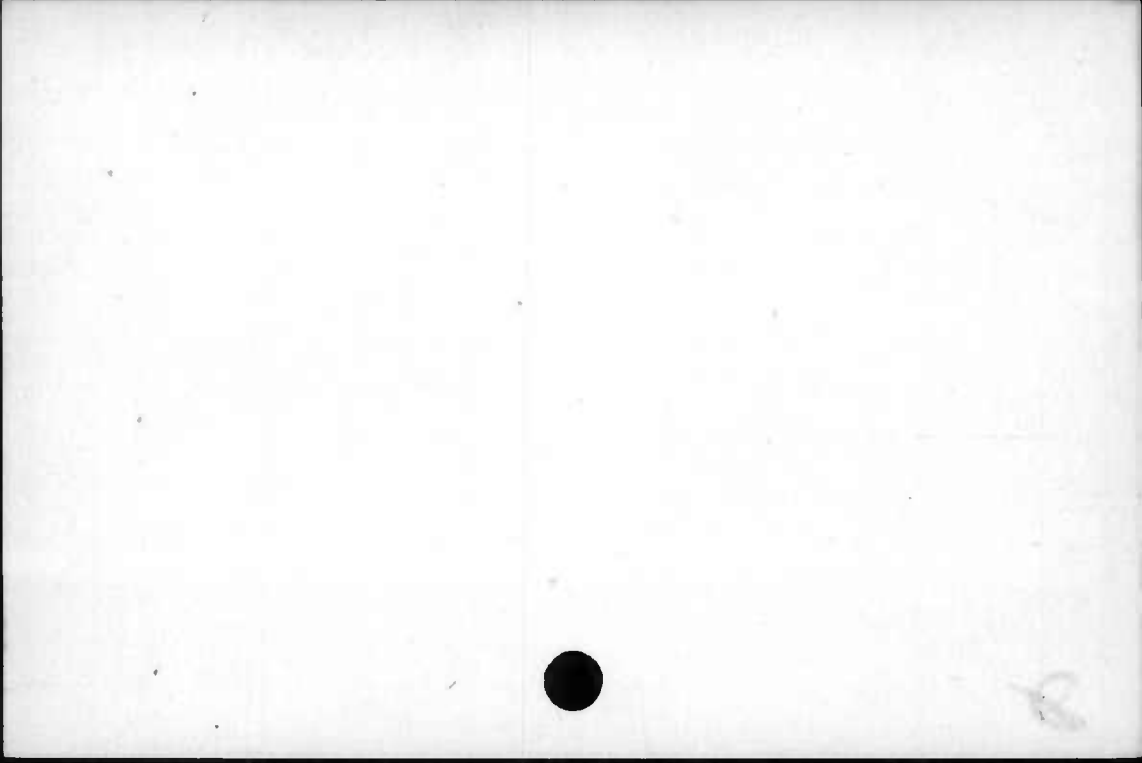
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Charles W. Wheeler</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>11</i>		Day <i>5</i>		Years <i>—</i>	
Date of death <i>1906</i>		Month <i>11</i>		Day <i>5</i>		Years <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>F. Co Md</i>		Months <i>1</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Same</i>		Days <i>24</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Anna, Co Md</i>		Mother's Birthplace <i>City</i>	
Father's Name <i>Chas. W. Wheeler</i>		Mother's Maiden Name <i>Susan Blair</i>		Name of person giving In formation <i>Mrs Wheeler</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Constipation.</i>	How long <i>1 Week</i>
Immediate <i>Spasm? Found Dead</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>None in attendance</i>
Accident or Suicide? <i>—</i>	Address <i>Thomas P. Price</i>



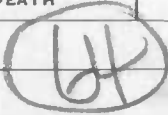
Name
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Full

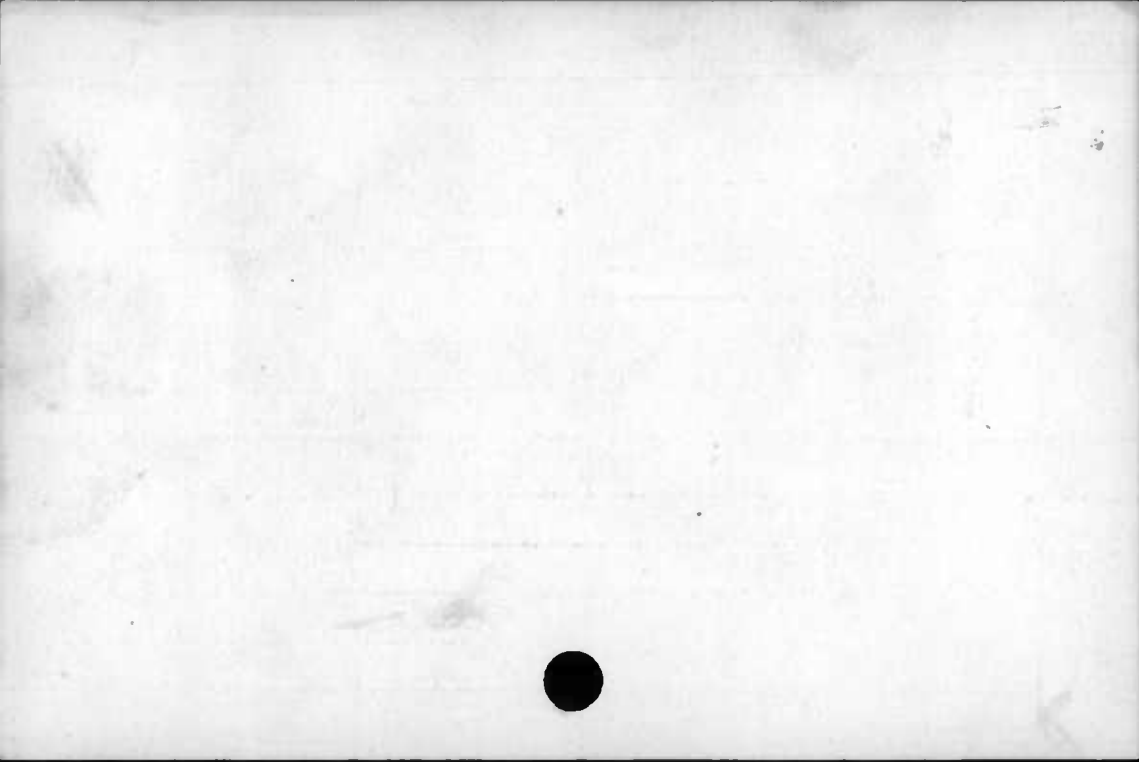
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monticello</i> ^{Town}			County <i>Fred Co</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>mar</i>	Day <i>13</i>	Age <i>64</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Fred Co</i>		
Occupation <i>Immali</i>			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband <i>X</i>			
Father's Name				Father's Birthplace <i>X</i>		
Mother's Maiden Name				Mother's Birthplace <i>X</i>		
Name of person giving information <i>Mrs H. M. Shook</i>				How related to deceased <i>X</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Apoplexy</i>		How long
	Immediate <i>Exhaustion</i>		How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. C. Lyson</i>
			Address <i>Fredricks Ind.</i>
	Accident or Suicide? <i>X</i>		



Name
in
Full

William Yeager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Brammwell		County Frederick			
Date of death	1906	Month Nov	Day 2	Age Years	7	Months	3
Sex	Male		Color or Race	White		Birth- place	Ind.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Mathew Yeager					Father's Birthplace	Ind
Mother's Maiden Name	Hannie May Mc. Bee					Mother's Birthplace	W. Va
Name of person giving Information	Mathew Yeager					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	2 weeks
Immediate	Heart failure from hearting	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?	yes		
Signature of Physician		Levin Frost	
Address		Brammwell - Ind	
Accident or Suicide?			

